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ORIGINAL DEPARTMENT.

LECTURES.

Lectures on Diphtheria, delivered at the University of Pennsylvania, Dec. 24 and 27, 1860.

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[Reported for the Medical and Surgical Reporter.]

As *diphtheria*, or *diphtheritis*, as it is sometimes called, frequently exists with inflammation and disease of the *larynx and trachea*, many practitioners suppose that it should be considered rather under the head of the respiratory organs; but as it is a disease of the *fauces*, and its extension to the larynx is merely a coincidence, its proper place for consideration is under the head of diseases of the throat. The name *diphtheria* or *diphtheritis*, is derived from the Greek διφθερα, a membrane.

Various names have been applied to this affection, which were no doubt given by physicians according to their peculiar ideas of the pathology of the disease. Thus, it has been called *malignant angina*, *diphtheria anginosa*, and *membranous angina;* also, *angina* of the *gangrenous* form, and the *follicular* form. A name, which the Spanish use, *garotte* has been applied on account of its strangulating the patient. It is also called *putrid sore throat*, and *pseudo-membranous pharyngitis*. At present it is usually termed either *diphtheria* or *diphtheritis*.

Bretonneau, of France, was the first man to dispel the confusion with which this disease was invested, and he applied the term *diptheritis* from διφθερα, meaning skin or membrane. But the term *itis* is too apt to be associated with the idea of an inflammation of the part, as *bronchitis* is inflammation of the bronchial tubes, *gastritis* of the stomach, etc., and this term *diphtheritis*, which signifies an inflammation of the membrane, would not be altogether correct, and hence in Great Britain it was called diphtheria, and not diphtheritis; but it is not important which name is adopted.

This disease, from the great excitement it has lately produced in the public mind, here and elsewhere—which excitement still continues—might be supposed to be of recent date, but it appears to have been known to the ancients and Huxham, in 1757, evidently refers to it.

It is not, therefore, a recent disease; but no very distinct account of it appears to have been given until that of Guersent in 1821, and Bretonneau in 1826.

Dr. Samuel Bard, of New York, is perhaps among the oldest writers on the subject in this country, and one of the first to give a good account of it. Since then, our journals have teemed with very able descriptions of it, and one, perhaps, of the best monographs appeared in the American Journal of the Medical Sciences volume 24, page 82, by Dr. Geddings of South Carolina.

Among the new Sydenham Society's publications there has been a polished and able production on this subject; and a very excellent *resumé* will be found in the British and Foreign Medico-Chirurgical Review for 1860. It appears to have prevailed epidemically in Paris, in 1855 and 1857, when it crossed over to England, where, though cases of the disease had occurred previously, it had not appeared as an epidemic.

In our own country, it has since that time been more or less prevalent, and it is said to have recently prevailed in New York, and especially in Albany in an epidemic form; and in our own city and State we hear constantly of diphtheria as an epidemic disease.

I have never met with it in this form, though I have been familiar with the disease for more

than thirty years, and there has never been a winter that I have not seen cases of it; and the present winter I do not find my cases any more malignant than usual, or more frequent.

It may, however, prevail in certain localities, for it is often thus limited, and it is more prone to attack those in poor circumstances, and it may be owing to causes of this kind that I have not met with it as an epidemic. Still, I am told of its ravages, and am constantly receiving communications of its fatality in certain parts of the State, and even in this city.

With regard to the local appearances of the throat in this *membranous angina;* at first there is a slight redness and tumefaction of the mucous membrane of the tonsils and velum. Very soon, sometimes when first examined by the physician, there is found a deposit of a membranous kind, coming out in small patches, and moderately constant. They may be on the velum, or on the palate; the patches finally running together and coating the whole fauces; the appearance of the membrane varying much in different cases and in different epidemics. Sometimes it is of a pale ash color; at other times of a yellowish tint. In some instances it is comparatively white; though in all cases of an angina of the simplest character there is apt to be a slight white deposit; but it is only when the deposit assumes more of an ashy hue, or straw tint, that it is really entitled to the name of diphtheria. Its consistency too, varies. At times it is soft and pulpaceous, and can be broken down by the end of a brush or a spoon; at other times it is a tough membrane, like leather, and can be torn into shreds.

This difference in its appearance and consistency depends upon the sthenic or asthenic condition of the system at the time of attack.

In connection with this deposit, early in the disease, the cervical glands often become considerably enlarged, so that it is often difficult for the patient to open his mouth. They seldom suppurate, however; not so commonly as in cases of malignant scarlatina.

This exudation is by no means confined to the throat. Often it travels back and invades the nostrils, blocking up the nasal passages, giving rise to acrid and offensive discharges, which often excoriate the upper lip. The angles of the mouth too, are often ulcerated, with the same deposit upon them. So with the eyelids; it is sometimes found there; and the genital organs are not always exempt, for it has been found on the vulva, and on the prepuce; and it may occur on every mucous membrane communicating with the exterior air.

It will often travel down and invade the larynx, which complication constitutes its great danger, producing the malignant membranous form of croup, which very generally proves fatal. It will sometimes attack an abraded surface. In lancing the gums, I have known the small wound produced to become covered with the diphtheritic deposit. It will occur on the vesicated surface where a blister has been applied; and if there be any disposition to soreness behind the ears, it will take on the same deposit. I remember a case of croup I attended some years ago, evidently diphtheritic, in which tracheotomy was performed, and the whole wound became pasted over with this same diphtheritic deposit.

Sometimes there is a discharge of blood from the mucous membranes, which are in a soft condition, and the blood will ooze out, sometimes through the nose, and sometimes through the mouth. These deposits often undergo decomposition, and the breath becomes fetid, closely resembling the odor of gangrene, on which account it is called *putrid sore throat.* There is no absolute gangrene or ulceration as a rule, but this fetid discharge is generally consequent on *putrefaction of the membrane.*

With regard to the *general symptoms.* There are few diseases, indeed, which present less great diversities as far as general symptoms are concerned.

In the sporadic form of a sthenic character it is almost a local affection, with little or no constitutional disturbance, and that which finally comes on, appears to be merely sympathetic with the local disease.

In the adynamic form, particularly when the disease is epidemic, there is considerable constitutional disturbance. Oftentimes there will be a very frequent, irregular, and feeble pulse, with great pallor of the countenance; everything showing great prostration of the system; and sometimes there will be passive hæmorrhage, so that, in order to give you a correct idea of the disease, I shall be obliged to mention one or two varieties. First, with regard to the simple, sporadic form. This is seldom attended with much constitutional disturbance, and does not even set in with a chill or rigor, the first intimation of its existence being a slight uneasy sensation in the throat, which, on examination, is found covered with the diphtheritic exudation. Even

this disease, slight as it appears, sometimes extends down insidiously into the larynx, becoming a very serious malady. In the epidemic, malignant, and adynamic form of diphtheria, it is ushered in with a distinct chill, followed by severe headache; the pulse irregular and rapid, the countenance pale, with great prostration of physical strength; and the deposit, instead of being white, is often yellow. It is preceded by a purple redness and tumefaction of the mucous membrane. Not unfrequently, in this form, the membrane is dark, gray, pulpaceous, soft, and easily broken up by the finger, or end of a spoon; is attended with a fetid breath, with great difficulty of swallowing and breathing; considerable tumefaction of the sub-maxillary glands, and a strong tendency to fall on the air passages, creeping down sometimes through the whole length of the larynx and trachea, and even involving the bronchial tubes.

I remember seeing a case where in an examination after death from this cause, the membrane was found to extend throughout the whole length of the bronchial tubes as far as they could be traced.

There is an ulcerative form of the disease spoken of, in which the mucous membrane is said to be ulcerated, with this deposition on it, and in agangrenous condition. Bretonneau denies this being the case, and I have myself serious doubts as to its truth. There may be occasionally an ulceration, but it is a very rare thing.

The deposit is often surrounded with a tumefied condition of the mucous membrane, and it *looks*, sometimes, like an excavated ulcer, but it is not really an ulcer; and the gangrenous discharge is often owing merely to putrefaction of the membrane, and not to any real gangrene itself, though recent observation shows that such occasionally does occur, and it is supposed that some of the epidemics have taken on this condition; but cases of this kind, which have prevailed as epidemics, I think are really *cases of scarlatina and not diphtheria.*

When we consider the diagnosis of the disease the question will come up *whether diphtheria is not really scarlatina?* and it is one of the most interesting points in the consideration of the disease,—the difference between malignant scarlatina and epidemic diphtheria.

With regard to its fatality: in the sporadic form, and particularly that of a sthenic character, if the medical attendant is called early to the case it is usually very controllable; but generally in these cases there is so little to excite the suspicion of the patient, that before the physician is called to the case, the disease has already approached the chink of the glottis, and produced laryngitis, when it becomes a very dangerous disease, no matter how mild it may have been up to that time.

The malignant form of the disease is altogether a more serious matter. It is not merely the implication of the larynx which complicates it now. Once it was supposed that as long as it did not invade the air-passages there was no danger; but sometimes it occurs without the larynx being at all encroached upon, and *being a blood disease*, it yet proves fatal. Sometimes, like some forms of scarlatina, it proves fatal without our being able to find any local cause to account for the result. And even when convalescence has commenced, we are not safe as to the prognosis.

With regard to the anatomical characters of this affection, Bretonneau has shown conclusively that it is seldom connected with any destruction of the tissues about the throat. It has been stated, in opposition to this, that after the disease, frequently the tonsils and velum are much contracted, which condition must be owing to some destruction of surface. This result and contraction of these parts may, however, be readily explained upon the ground that the grade of the inflammatory disease being of a low vitality, the effusions are not fully organized, and one of the effects of this aplastic deposit is to gradually contract when not fully organized. This is the view of Bretonneau, of Rilliet and Barthez, and most of the French pathologists, and of the highest British authorities, and of a great many of the best authorities of our own country.

The mucous membrane sometimes under this deposit presents a slightly worm-eaten appearance, and is infiltrated with a sanious matter.

The deposit differs from coagulating lymph in the fact that it is not susceptible of organization. It has sometimes been called aplastic, insusceptible of being converted into a membrane; and the usual product of inflammation is the formation of a false membrane, but this is of a low vitality. Rokitansky contends, that occasionally this exudation is exceedingly corrosive in its character, and this produces a superficial abrasion of the tissues giving the worm-eaten appearance sometimes presented.

There are *sequelæ* following attacks of diph-

theria which occasionally give rise to fatal results, after the disease which developed them has itself subsided.

One of the most prominent effects after the lapse of some time is exceedingly great and prostrating debility, total loss of appetite, and even general paralysis; incomplete, or more or less paralysis of the upper and lower extremities; and even such great prostration, that the patient can hardly speak; with this great prostration there is a tendency to syncope, and there are many cases on record where a person allowed to get up too soon, or too suddenly, has died in consequence.

I remember having seen the case of a child who had been attacked with the disease, and after its apparent recovery was allowed to play with its toys, and died in consequence. In an examination after death, the blood was found accumulated in the heart, and a clot formed, having the appearance of a polypus. This fatal syncope was the result of the child being placed on its feet too soon.

Another common sequel is *albuminurea;* also dropsy; occasionally purulent discharges from the ears, in connection with the excessive prostration already spoken of.

These sequelæ are very similar to those which follow scarlatina, which we know to be dropsy, albuminurea, great prostration, and purulent discharges from the ear.

With regard to the time of life at which diphtheria occurs, it is supposed to be almost confined to children; and there is no doubt that it is much more frequent in children than in adults; and yet when it prevails as an epidemic it at once attacks adults. I have seen it even in quite old people.

This peculiarity of its being chiefly confined to children may be explained by the fact that in early life, the blood abounds in fibrine; and there is in children an unusual amount of this deposited in all inflammations, as in pneumonia, pleurisy, etc., which sometimes takes months to be absorbed or organized. If the child is in a sthenic state when attacked with an inflammation, there is healthy fibrine exuded, susceptible of organization; but if the child is in an asthenic state, there is an aplastic material thrown out.

Causes of Diphtheria.—According to Rilliet and Barthez, Trousseau, Bretonneau, and other high French authorities, this disease is contagious. These gentlemen contend that the attendants and physicians who wait on this class of patients are very subject to membranous angina; yet some of these gentlemen who attempted it have failed in all their endeavors to propagate the disease by inoculation. But this proves nothing as to its non-contagious nature, for the same is true of scarlatina, which cannot be reproduced by inoculation. We must bear in mind that we are certain of one thing, that it prevails as an epidemic disease, and when a disease is epidemic, it is difficult to distinguish between contagion and epidemic influences. The mere fact that a number of persons in the same family contract the disease is no positive proof of its being contagious; for members of the same family, and living together, are subjected to the same hygienic, dietetic, and other influences, and it cannot be therefore strange that the same disease should attack different members of one family, for we often see all the children in one family sick at the same time, and with only a common catarrh.

Moreover, Trousseau states that he has repeatedly seen second attacks of diphtheria, which circumstance is not in conformity with the rules of contagion; and yet, even acknowledged contagious diseases are occasionally repeated in the same individual; but if one attack is no protection whatever against the occurrence of subsequent attacks, this is a strong argument to exclude diphtheria from the list of contagious diseases. It is also very seldom that it has not, from time immemorial, prevailed as a sporadic affection. It is not so common a thing to find a contagious disease sporadic; true, small-pox, scarlet fever, and rubeola may exist sometimes as sporadic diseases, but they are exceptions to the rule regarding contagious diseases; and diphtheria prevails much more frequently as a sporadic disease than it does as an epidemic.

Some of the highest authorities in England do not consider this disease contagious. They believe that what has been attributed to contagion is really owing to epidemic influences.

We know, with regard to yellow fever, that the generally received opinion among the profession is, that it is not contagious; but every individual going into the district where it is prevailing, owing to the peculiarity of the poison there existing, is liable to contract the disease; but it does not produce a *materies morbi* susceptible of reproducing itself, and this is the light in which the British authorities contend that it is not contagious.

With regard to the production of a membra-

nous angina in those who nurse the sick with diphtheria, the opinion might be offered in explanation that the circumstances of confinement, etc., in the peculiar atmosphere, may cause the production of some irritating matter in the fauces, which, if it should reach the larynx of the individual, might there, owing to peculiar epidemic influences, set up an irritation which would end in the formation of false membrane. But this question is still in a measure *sub judice*. There are some good reasons to believe that it is contagious, and as many to disbelieve it; and in cases of doubt, there is always a safe side to take.

I would act as though it were contagious, and withdraw children from its influence, and not advise a nurse or attendant to inhale the breath of the patient, to see whether the disease can be taken or not.

I rather disincline to the opinion of its being contagious, but in practice I should act on the safe side.

Moisture, dampness, and certain sudden atmospheric influences, do often develope it, by exciting an inflammation, which, under ordinary circumstances, would be but ordinary angina; but when this epidemic condition of the atmosphere exists, it may turn out to be malignant sore throat; and, I think, that sometimes persons of low vital powers, particularly of the scrofulous diathesis, are more disposed to it. Several families that I knew of, where all the members contracted the disease, and several died with malignant croup, were of the scrofulous diathesis. The poor, whose food is deficient in quality, and who live in crowded quarters with poor ventilation in their houses, are especially prone to the disease.

The *duration* of the disease is very different in different cases. Sometimes the patient will get well in four or five days, and sometimes the disease will last for several weeks. The sequelæ are numerous, and the prostration sometimes very protracted, but the disease properly terminates in from five to fifteen days.

(*To be continued.*)

Complete Absence of the Vagina.—At a meeting of the Society of Surgery, (Paris,) M. Verneuil related a case occurring in the practice of Dr. Patry in which, in a girl seventeen years of age, there was an entire absence of the vagina, when the usual general phenomena of menstruation took place. An artificial vagina was established. The patient has been married since eight years, continues to menstruate regularly, but has never been pregnant.

Cases of Abnormal Urinary Deposits.

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Case 3.—*Oxalate of Lime.*—Mrs. R., aged 35, has been a widow thirteen months; has one child three years old. She is a small, delicate looking woman, and at the time she came under treatment was extremely emaciated; her complexion was pale and anæmic; her countenance wore an expression of great anxiety; her appetite was various, some times almost voracious, and she had frequent emesis; her head constantly ached; her bowels were habitually costive; her menses were regular, but very profuse, frequently lasting for two weeks; she had no leucorrhœa; she had repeated palpitations of the heart, accompanied by vertigo, dyspnœa, and fainting, and sharp, lancinating pains through the cardiac region, often shooting up to the top of the left scapula; she was very nervous and excitable, and labored under great mental depression.

An examination revealed a crop of tubercles in the top of each lung—more in the left, involving the greater part of the upper lobe; and there also existed hypertrophy of the left ventricle of the heart.

A specimen of urine was obtained. Its color was pale. Specific gravity, 1021—acid. In every 1,000 grains of fluid there were 49 grains of solid matter. It threw down a deposit of urates, accompanied by large quantities of mucus, and, when prepared for the microscope, exhibited immense numbers of beautiful octohedra crystals of the oxalate of lime. It was never my privilege to see crystals of this salt present in greater numbers in *any* specimen of urine.

Treatment.—Her bowels were opened by a mild mercurial aperient, and she was given the following modification of the nitro-hydrochloric mixture prescribed in *Case* No. 2:—

℞.	Acidi. nitrici. dil.	℥ss.
	Acidi. hydrochlor. dil.	℥j.
	Tr. nucis vomicæ,	℥iij.
	Tr. valerianæ,	℥v.
	Infus. serpentariæ,	℥vii

Cap. coch. mag. ter in die. M.

Under this treatment alone the oxalate soon began very sensibly to diminish, and in six weeks no traces of it could be found. She was subsequently put upon cod-liver oil and compound tincture of cinchona, being allowed a glass of London porter daily, with the most generous food as soon as her digestive functions were sufficiently improved, and she was advised

to take plenty of out-door exercise. This regimen was continued for four or five months, at the end of which time her recovery seemed as complete as could be expected during the existence of so great a tubercular deposit in the lungs. She gained flesh, her appetite became good and equable, her cough slight, and her expectoration much less than it formerly had been. She now has general good spirits, is regular in her functions, and is free from all pain. Upon over-exertion, however, producing fatigue, she still has the dyspnœa and vertigo, but no fainting; rest and quiet soon restore her. The persistence of these symptoms is, doubtless, owing to the organic cardiac lesion described at the first examination.

General Remarks on Oxalate of Lime, continued from page 274—*Pathology.*—By far the greatest interest connected with oxalate of lime is in relation to its pathological origin. Various theories have, from time to time, been advanced, many of which have been successfully refuted, while concerning some there is yet ample opportunity for study and speculation.

The "sugar theory" was at one time all in vogue, and not to receive it was a cause sufficient to convict any practitioner of a medical heresy. This theory was based upon the supposed connection between sugar and oxalate of lime; and it must be conceded that this relation, at first glance, may seem extremely plausible. Sugar forms a very considerable item in our ordinary diet, for we know that all farinaceous and amylaceous substances, with gum, woody fibre, and the celulose of plants, which closely resemble each other in the proportion of their elements, are partially converted into sugar during the process of digestion. We know also that glucose, or "grape-sugar," which is the saccharine compound most commonly present in fruits, is often present in the blood in large quantities, being by some considered a normal constituent thereof, and is often eliminated by the kidneys. Now, when we bring to mind the facility with which sugar itself, or those substances just mentioned, which may partially become sugar, are, under the influence of oxidizing agents out of the body, converted into oxalic acid, and with the evidence to prove that some of the symptoms in the oxalic diathesis, under certain conditions, bear a very close relation to those of diabetes, the conclusion is very natural that the one owes its presence to the existence of the other, or, at least, to refer them, in their source and pathological relations, to the same systemic derangement. But the opinion is becoming more and more general, that there are considerations of sufficient weight to prove that sugar is not the source of the oxalate of lime. Sugar is seldom found in oxalic urine; it is the rare exception. Oxalate of lime is rarely found in diabetic urine. Diabetic urine very seldom contains, in any excess, either urea, uric acid, or the urates, and even when they are present in larger than a normal proportion, the excess is never great; the high specific gravity depends upon the presence of the large proportion of sugar alone. In oxalic urine, on the other hand, in the great majority of instances urea is present in large excess, and the density of the fluid increases with the quantity of it present. Uric acid and the urates are also frequently found in large excess.

As regards the symptoms existing in those conditions which severally produce oxalic and diabetic urine, in spite of the assertions of many observers, very few resemblances can be traced. Take the one element quantity: in the one we seldom find any departure from the normal standard of health, from twenty to forty ounces daily,—while in the other it is not unusual that as many *pints* should be voided in the same time; while good authorities tell us that seventy to eighty pints—and, indeed, an Italian physician assures us that two hundred pints—were passed in twenty-four hours!

So in the one we find no thirst; in the other, thirst intolerable.

Then, again, observe the density of the two kinds: that of the one seldom varies much from the standard of health, and when it does it is due to an excess of urea,—while, in the case of the other, the specific gravity is so constantly high that it is often one of the first and best indications of its true nature, usually being as high as 1035 to 1045, and occasionally as high as 1060, owing entirely to the presence of sugar; for, when it is removed, the density again becomes normal.

So that, notwithstanding the facility with which, under certain circumstances, sugar may be converted into oxalic acid, and the fact that both are often eliminated by the kidneys in conjunction with a few symptoms which may bear a resemblance, still there is not sufficient cause to induce the belief that the one is produced by the other, or, indeed, that they have a common origin.

What, then, is the source of oxalate of lime? The researches of Dr. Prout satisfactorily prove that, in the vast majority of cases, it may be referred to a derangement or unhealthy condition of the digestive and assimilative organs, especially the stomach, duodenum, and liver. A slight consideration of the symptoms in such cases, strengthened by the fact that the quantity of the oxalate is, to a very considerable extent, under the control of diet, some articles of food, containing no oxalic acid surely, causing the excretion of the oxalate in large quantities, while others will nearly check it, and, further, keeping in view the fact that the oxalate is usually greatest after a full meal, frequently disappearing when the diet is well regulated, and reappearing on the use of unwholesome food, renders this conclusion extremely probable, while the researches of organic chemistry have proved it almost to a demonstration.

The prejudices existing in the minds of many to what is termed "chemical theories" or "chemical medicines," are well known and fully appreciated.

Equal injury may be done to the cause of medicine by men who are too prone to run into speculation, and those who wholly ignore the affinities and relations a sound science has developed. The opinions of the latter are frequently met with, especially in regard to those substances under consideration.

It undoubtedly will never do to lose sight of the active vital power of the system itself, or the functional conditions depending upon this power, no matter how labored or erudite may be the researches of the chemist in developing the primary combinations or atomic affinities existing in urinary deposits.

The chemical relations of these constituents of the urine, as they exist, related to those powers or functions of the body which should ever engross our greatest attention, can only be guides or aids to diagnosis and treatment. Keeping these ideas in view, "chemical theories" may be of the greatest value and assistance.

As a good example, we may take the salt in question. We are familiar with urea; we know its properties and its source, and we properly class it by far the most important nitrogenized excrementitious substance in the human body. With uric acid, also, we are familiar. We know also, that, in any derangement of the assimilative functions, urea is excreted in the urine in very large quantities. Experience tells us that there may be large quantities of this substance drained off from the system without there being present the least trace of the oxalate of lime; yet we very seldom find the oxalate unaccompanied by urea—the former in direct ratio to the latter. But it is reserved for chemical science to demonstrate the facility with which oxalic acid, with other adventitious substances, may be derived from urea. With these data, the conclusion seems irresistible that such may sometimes be the result. The following formula (after Golding Bird) will present the relation in a clear light:—

	C.	N.	H.	O.		C.	N.	H.	O.	
1 atom urea,	2,	2,	4,	2,	=	2,			3,	1 at. oxalic acid.
2 atoms water,			2,	2,			2,	6,		2 at. ammonia.
									1,	1 at oxygen.
	2,	2,	6,	4.		2,	2,	6,	4	

So that, if we agree with recent physiologists that urea exists in the blood, and it is the office of the kidneys to separate it, we find the changes very slight by which, in the elimination from the blood, urea may be converted into oxalic acid and ammonia, merely by the appropriation of two atoms of water and the evolution of one atom of oxygen.

These changes might readily take place, even if the statement of some observers, that oxalic acid never is found in the blood, were true; but the researches of Dr. Garrod have demonstrated beyond a doubt, that even crystals of the oxalate of lime itself may sometimes be obtained from that fluid.

Further, we are well aware that in some diseased conditions, characterized by great nervous depression, and especially affecting the renal functions, as low typhus fever or spinal injuries, one atom of urea with two of water may be resolved into two atoms of carbonate of ammonia, as may be shown in the last formula. We may very readily conceive of a slight modification of this influence which shall result in the formation of oxalate of ammonia plus one atom of oxygen, as above.

Prof. Liebig has adduced a formula for the purpose of proving oxalic acid a derivative of uric acid. This seems very plausible, and, in the majority of instances, is probably a correct demonstration of the changes which take place; for we know that, if sufficient oxygen and water be conveyed into the arterial blood, the greater part of the uric acid may be converted into urea and carbonic acid. But, in certain diseased conditions, we have the nervous system depressed, the nervous influence exerted over the functions of the kidneys is impaired,

and a different combination takes place; instead of the carbonic acid, ($C O_2$,) we find oxalic acid, ($C_2 O_3$,) by the appropriation of merely one atom each of carbon and oxygen.

It will be seen, also, that this combination presents the necessity of the presence of large quantity of urea, which agrees perfectly with the condition of the urine when the oxalate is present.

Liebig's Formula.

	C.	N.	H.	O.		C.	N.	H.	O.	
1 at. uric acid,	10,	4,	4,	6,		4,	4,	8,	4,	2 at. urea.
4 at. water,			4,	4,		6,			9,	3 at. oxalic acid.
3 at. oxygen,				3,						
	10,	4,	8,	13,		10,	4,	8,	13.	

This theory carries with it the authority of perhaps the greatest of analytical chemists, while its simplicity and directness must commend it to every careful observer.

When we consider the close relation existing between uric acid and urea, it must be a matter of but secondary importance whether oxalic acid be derived from the one or the other.

There is another consideration to prove the existence of a natural relation, or alternation between the deposits of uric and of oxalic acids; the latter being found to replace the former when more exercise is taken by the subjects of them, produced by the higher oxygenation which the augmented respiration will tend to produce.

The facility with which uric acid may be converted into oxalic acid is well shown by the changes which have been observed to take place in guano, one of our commonest fertilizers; when recent, it contains large quantities of urate of ammonia; but in a short time, often less than is necessary to transport it to this country, it is entirely replaced by the oxalate of the same salt.

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Questions and Answers.—The miserable, *pons asinorum* way, of committing the science of medicine and its various branches to memory by the process, called "*Cramming*," does not seem to be in vogue among some of the students in this country alone. It seems that M. Girondet, professor of anatomy in the medical school at Tours, France, has published an anatomical catechism, in noticing which, our friend, the *Gaz. Hebdomad.*, gives utterance to the following very just and very true remarks:

"We wish such books were practically as useful as the author promises himself, yet we cannot help but doubt it. Anatomy cannot be learned like the catechism; there is but one book in which it can be studied, that is the cadaver."

Historical and Critical Observations on the Extirpation of Cystic Tumors of the Ovaries. From the French of Dr. Jules Worms, (Gaz. Hebdomad.,) with an Introduction.

By O. D. Palmer, M. D.,
Of Zelienople, Pa.

(*Continued from page* 335.)

The American surgeons have been first in giving due prominence to the operation for the extirpation of ovarian tumors. It was in 1809 that Dr. McDowell, (of Kentucky,) following in the track, first pointed out in France by L'Aumonier at the close of the last century, first operated and repeated ovariotomy eight times. In the next twenty years he found but few imitators in his own country, but since 1840 the publications of the New Continent afford the reports of numerous cases of this operation. The American surgeons that have the most frequently performed it during the period intimated, are Drs. Atlee, Peaslee, and Dunlap.

Among the American cases there are a certain number that possess the true character of accuracy and authenticity; but these last we are compelled to avow are not the majority. And, beside, if we were permitted to consider all the cases announced by the Americans, fortunate and unfortunate, as strictly authentic, it would not be logical to wish to draw deductions practically applicable to French surgery, from the results obtained from a country so little similar to our own in climate, and in the race often of the women submitted to the operation. (Negresses!) Likewise it has seemed to me preferable not to adduce the examples brought from this country. There is, perhaps, some injustice in maintaining an exclusion so absolute, but this cannot be avoided without resulting in a confusion that would subject the most reliable facts to some discredit.

After the extirpation of ovarian tumors had become frequent in America, it found sufficiently numerous adepts in Germany and England. In the former of these countries, it began to be practiced in 1819, and some years afterward the most illustrious German surgeons employed the knife in ovarian tumors. These were particularly Dieffenbach, Kiwisch, Heyfelder, Siebold, Scanzonie, and Langenbeck. Names such as these were sufficiently influen-

tial to secure, for a while at least, renowned defenders of ovariotomy in Germany.

It would seem, however, that for three or four years past a contrary sentiment has prevailed, for, during this epoch, the practice of German surgeons has furnished no new examples. The failures, which in this country have been more numerous than everywhere else, in spite of the well known *habitité* of the greater number of operators, have probably been the cause of this new turn of opinion. But the history of a certain number of operations has been reported, and will furnish us useful instructions.

Whilst it seems to be momentarily abandoned in Germany, ovariotomy becomes more and more frequent in England. Lizars practiced it for the first time in 1825. It was repeated about 1840 by Messrs. Clay, Lane, Bird, etc., who performed it very often at that period, and since. Dr. Charles Clay, of Manchester, is certainly the surgeon of the whole world, who has most frequently extirpated ovarian tumors. He has published a great number of cases, very much in detail, and highly interesting, both in a special memoir, and in periodical publications. Dr. Clay has been pleased to indicate to me himself the general results his practice has furnished him. He wrote 8th April, 1860, that up to that day he had extirpated 93 ovarian tumors, and of this number 64 women have been perfectly cured, and 29 have died. The result of the last year's operations has been more fortunate than those of the first. The progression was as follows:

Of the 20 first cases, there were 12 cures; of the 20 succeeding, 14; and of the 53 last cases, there were 38 cures.

For four or five years in the schools of medicine, of England, the Professors of Surgery have adopted extirpation as a means of radical cure of ovarian tumors, and to Drs. Clay, Bird, Lane, and Baker Brown, and many others, have been added Professors Hutchinson, Erichson, and Spencer Wells, all three London Professors and Surgeons of large Hospitals; Prof. Murray Humphrey, of Cambridge, and Dr. Simpson, of Edinburgh, accoucheur to the Queen, well known in France from his numerous works. He has lent to the others his moral weight by proclaiming through his lectures, illustrious in all England, the legitimacy of ovariotomy.

Among the operators named above, Dr. Spencer Wells is particularly remarkable for his great sincerity and accuracy, manifest in the publication of cases from his private practice, and in the application of principles sometimes new, but always judicious in the indications and method of the operation. On making his initial trial in 1858, he agreed publicly to make known all the extirpations he should accomplish. This has not been a painful task up to the present time, as he has radically cured 11 of the 19 women on whom he has operated.

The successes of Mr. Spencer Wells depend, in my opinion, upon his manner of determining the indications, and proceeding to their execution.

As his cases otherwise present almost all the circumstances liable to be encountered by the surgeon, we may consider them as a source of study of great importance.

The preceding paragraphs aim to indicate, in a general manner, the progress of ovariotomy from its origin, and the state in which it remains at the present time; and also to call attention to the circumstances that effect the value of those documents now belonging to science.

It now remains to examine the question to its foundation, and it may be proper, perhaps, in the beginning to endeavor to demonstrate by a few facts, that women, whose lives have been seriously compromised by ovarian tumors, and who could not have been cured by the ordinary means resorted to in France, have recovered perfect health after the extirpation of the tumor.

I take at random two cases, from among those published by Mr. Spencer Wells. They are the two first by order of time in the publication.

Case 1. *Multilocular Ovarian Cyst—Seven Times Tapped—Twice Tincture of Iodine Injected—Ovariotomy—Cure.*—Emma Bonnee, unmarried, aged 29 years, entered the Samaritan Hospital, 9th February, 1858, and was placed under my charge. She had been at service, and had had good health up to the age of twenty-two years; at this period, she experienced a pain, extending from her left flank to the groin. It was not till five years afterward she perceived the existence of a tumor. This increased considerably in the space of a year, and two years since she entered Guy's Hospital, and was tapped by the late Dr. Lever. She re-entered at the end of six months, and was again tapped the second time, and then the third. In thirteen

weeks later again tapped at Lambeth by Mr. Buller. In the two following months she was tapped four times. At each time an average of 13 lbs. of water was evacuated. At one time tinct. of iodine was injected, but instead of diminishing the accumulation of water, it seemed to have a contrary effect, the water increasing more rapidly. When this unfortunate woman entered the Samaritan Hospital, it was evident her life was greatly compromised by the rapid re-accumulation of the fluid. But as, at the time, her constitution offered still a certain resistance, as she wished to be delivered at all hazards from a disease that rendered her life miserable, after consulting my colleagues, I decided to resort to the extirpation of the tumor. The operation was performed the 19th February, 1859.

I made an incision of three inches along the *linea alba*, beginning an inch below the umbilicus. I exposed the cyst and in laying it bare found it adherent to the walls of the abdomen. After having broken many of the adhesions, I punctured the principal sac, and emptied it of its contents. I could perceive other smaller sacs, and convinced myself that the adhesions to the abdominal parietes were very firm, and extensive on both sides.

At this discovery, one of the assistants inquired whether it was necessary to continue the operation. My opinion was that it was more dangerous to desist than to proceed, and I succeeded in breaking up the adhesions by passing the hand between the tumor and the walls of the abdomen. Mr. Baker Brown, who was present at the operation, rendered me his assistance. A slight adhesion existed in the superior part, between the cyst and the epiploon, which was detached with the hand. The pedicle of the tumor was on the left, and three finger-breadths wide. I pierced it in two places, and tied it in three portions with cat-gut ligatures. It was too short to be secured in the wound. The right ovaria was examined, and found normal.

The ligatures of the pedicle were brought out at the inferior angle of the wound, and secured to the integument by adhesive straps. The borders of the wound were placed in exact apposition, and united by silk sutures, one superficial, the other profound. The whole abdomen was enveloped in a flannel band.

The anæthesia by chloroform had lasted forty minutes. The patient experienced nausea during the following days, but she had no real symptoms of peritonitis, and but little flatulence. The pulse, rapid and feeble during several days, recovered rapidly.

After the first day, wine and opium were administered largely.

There was no sero-purulent discharge from the wound, except at the inferior part, where the ligatures passed out. Two or three times, there was a little pain with fever, in consequence of the retention of matter, whilst the opening was closed, but in cleansing the wound, and establishing the discharge, I procured immediate ease. The bowels were not moved till the tenth day.

The wound united by the first intention, except where the ligatures passed out. These came away the twelfth day. From this time the patient recovered promptly.

She remained some time in the hospital, as an overseer; in the autumn following, she obtained a situation in a family as servant, where she remained till the commencement of the present year, performing very hard labor. She quit this service to emigrate to Australia.

January the 25th, at the time of her embarkation, Dr. West was very anxious to examine this woman for me, and wrote me as follows: "As your patient had her catamenia at the time, I could not proceed to a vaginal examination, but by all the means I could put in requisition, no tumor could be perceived within the cavity of the abdomen. It is evidently a complete success."

The cyst, including its contents, weighed 26 pounds. The contents were the ordinary viscous fluid, containing some granular cells. The principal sac formed the upper part of the tumor; the inferior part consisted of a number of small cysts, filling the pelvic cavity. Though at the first view, some of these small sacs appeared independent of the main cyst, we were convinced, by an attentive examination, that they were connected with it by a common enveloping membrane.

Without in any manner intending to draw a general deduction from this case, we may say, nevertheless, that the result obtained is very favorable for the patient. The rapid development of the tumor, the constant reproduction of the fluid, after many repeated tappings, followed in two instances by iodine injections, the multilocular form of the ovarian degeneracy,—all these signs do not permit a doubt concerning the fatal issue of the disease left to itself. In what length of time would death probably take

place? How long could the end be delayed? It is difficult, assuredly, to determine this period; but judging from analogy, and considering the *immense majority* of cases that are presented under similar conditions, and in which the accumulation of fluid demands frequent tappings, we may well judge that this fatal termination could not be very distant. A whole year had passed between the period of the operation and that of the departure of this woman. We can trace her steps during this epoch, and she was examined at the time of her departure. We may, therefore, consider her as completely cured.

Case 2.—Multilocular Ovarian Cyst, tapped three times—Ovariotomy—Adhesion to the liver—Cure.—A married woman, aged 28 years, was sent to me in July, 1858, by Dr. Otway, (Dover.) She had been married for seven years, and had had three living children. She had had a good recovery from her last confinement, which had taken place two years and four months before I saw her for the first time; but she had remarked that her abdomen had not diminished as much in size, as after other confinements; she was unable to inform me precisely when she first remarked the existence of the tumor; her abdomen seemed constantly increasing, since her accouchment, till March, 1858. At this period Dr. Otway tapped her for the first time, and drew off 18 lbs. of clear serous fluid.

The sac refilled rapidly, and a second tapping was made in the month of June, and this time there was discharged 17 lbs. of a more thick fluid. Six weeks after the second tapping, she came to London, suffering much from the oppression caused by the reproduction of the fluid. Her menstruation, which at other times was very regular, had missed for eleven weeks. She could not be admitted immediately into the hospital; her respiration becoming oppressed again on account of the reproduction of the water, I again tapped her, at her residence in London, and evacuated 14 lbs. of thick fluid. When the cyst was emptied, I could perceive a large seperate sac, with multiple smaller sacs, in the right side; this adhered in great measure to the parietes of the abdomen.

The cyst filling anew, the general health being tolerably good, the patient wishing to be rid of her tumor, though explicitly instructed of the danger of the operation, I undertook it the 11th August, 1858, after having taken the advice of my colleagues.

Wishing to prevent vomiting after the operation, I had her take ice two hours beforehand; to produce anæsthesia, a mixture of six parts of ether, with one of chloroform, was employed, and Dr. Richardson undertook to administer it.

I thought I might be able to finish the operation by making only a small incision in the abdomen, but the extraction of the main sack was obstructed by the adhesions of the smaller cysts; these intimate attachments compelled me to enlarge the opening, and divide the cyst, in order to extract it. The smaller cysts, situated on the right and higher up, were likewise attached to the inferior face of the liver and gall bladder, and it is readily comprehended what care was necessary to detach them.

The pedicle was tied in four portions by means of a solid flaxen thread; each portion was as thick as the finger, and of sufficient length to be maintained between the lips of the wound. This last was closed by the twisted or hare-lip suture, the last needle retaining at the same time the walls of the abdomen and the pedicle of the tumor so that it could not escape into the cavity. The cyst weighed 1 lb. 5 oz., and its contents 29 lbs.

The patient passed a good night. She slept some, and at the same time pretended to experience less fatigue than after the birth of a child. A grain of opium had been given every three hours, but the mode of administering it having occasioned nausea, suppositories of morphia were substituted for the pills. Three times daily the water was drawn off by means of a cathetre.

On the third day there was a little diarrhœa, which was arrested almost immediately; the wound cicatrized by the first intention. Up to the eighth day the pulse varied between 120 and 140 pulsations; after that it fell to 100. From the eighth day the patient was able to sit up in bed and occupy herself with the needle.

The ninth day the pedicle was almost completely mortified except at one point, where I had previously removed the old thread and substituted a new one. The other ligatures fell off with the eschar; the last thread fell off the tenth day with the last portion of the sloughing pedicle. From this point of time her powers returned rapidly, and the wound being completely closed, this woman quitted the hospital three weeks after the operation.

Dr. Otway (of Dover) visited the patient at the close of February, 1859, six months after the operation, and wrote me that he found her at

the wash-house, where she had remained the whole day. She remarked to this physician that she had never enjoyed better health in her life than at the present time; that she attended to all the work in the house; that she sometimes went on foot nine miles to St. Marguirite bay; that, in short, she could not wish to be in better health.

Her appearance, so livid and thin before, is at present as fresh as a rose. Her menstruation has appeared but once since her leaving the hospital, and as her breasts are slightly tumefied, she is inclined to believe herself pregnant.

The remarks made in connection with the preceding case are applicable here. The tappings with this woman had been repeated frequently, and she was marching rapidly to the grave. In her case, was it proper that the extirpation should have preceded the use of iodine injected into the sac? The nature of the *thick* fluid it contained allow us to remark that an additional danger would have been incurred in making the trial. The warmest advocates, among the French Surgeons, of iodine injections, are unanimous in regarding the effects of this method as of no account in procuring a radical cure, where the fluid in the cyst is *thick*.

The last intelligence obtained of the woman, who was the subject of this second case, was as particular as possible, and was to the effect that she was cured.

If I have commenced by adducing the successful cases of ovariotomy, it is not, assuredly, for the purpose of exalting the advantages of this operation beyond its deserts; I have wished simply to dissipate a very legitimate doubt, which enthusiastic exaggerations had been the means of throwing around some indubitably successful cases, however rare these may have been.

The reverse should be exposed with equal readiness, as this is necessary, in order to throw light upon one of the most difficult problems that can be proposed to the conscience and responsibility of a physician.

(*To be continued.*)

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Medical Practitioners in Prussia.—At the end of 1859 there were for the entire Prussian Kingdom, 1 physician to 4,099 inhabitants, 1 surgeon (an inferior practitioner) to 10,823, 1 apothecary to 11,602, and 1 midwife to 1554 inhabitants. Of course the proportion differs in different parts of the kingdom, and in the capital is as follows: 1 physician to 953 inhabitants, 1 surgeon to 4,477, 1 apothecary to 11,710, and 1 midwife to 3,198.—*Berlin Med. Zeit., No.* 45.

COMMUNICATIONS.

Poisoning by Jessamine.

A Case occurring in the Practice of Dr. C. E. Halsey.

By W. H. Hall, M. D.,
Of Brooklyn, N. Y.

A. B., a lad, eleven years of age, having eaten the fruit or berries of the jessamine plant, presented the following symptoms. The patient was discovered lying on the floor of his room in a "fainting fit," so called by his parents, and it was evident there had been some slight emesis. On being called in I found the child in a comatose condition; face pallid, surface cool, pupils immoderately dilated, respiration somewhat ronchous, but of usual frequency. The pulse slow and feeble; perfect insensibility. Inquiring of the mother whether the child could have swallowed anything of a poisonous nature, I was answered in the negative. Soon, however, the father of the child returning home, informed me that the patient had been eating jessamine berries. I should state that an emetic had been administered but was not effectual; now more was given, using severally sulphate of copper, ipecacuanha, mustard and warm water, none of which acted.

Muscular movements were observed first about the eyes and face, especially the left side, toward which the eyes and facial muscles were directed. The hot bath was ordered, and while preparing, which occupied some little time, these growing symptoms were gradually becoming more and more aggravated, going from the head to the left arm, then to the left lower extremity, till, finally, the whole body was thrown into the most violent convulsions. At one time the spasms were chiefly opisthotonic, when the whole surface was congested almost to a blackened hue. The baths relieved these symptoms entirely. Throughout there was most marked rigidity about the muscles of the neck and throat. The jaws for the most part were firmly locked; complete trismus, as is often seen in tetanus.

On coming from the bath, the patient, tired and exhausted, fell into a quiet sleep, from which he awoke, to relieve by emesis his overburdened stomach. Nothing further was given, excepting a cathartic. The patient for a few days felt very weak, and almost helpless, but gradually recovered his accustomed health and strength.

Of the jessamine plant, I have thus far been unable to gain much satisfactory information either from medical books, or works on botany.

There are some twenty or thirty varieties, under the order of Jasminacæ of Linnæus, the term being derived from *ion* (a violet) and *asme* (odor.)

The plant, to which our case refers, is a shrub, with twining vine-like stem, and bearing a small red berry. It has a flavor somewhat similar to that of the tomato, and is said to afford, on distillation, an essential oil. Dunglison speaks of its use among the Italians, where it is employed as an embrocation to paralytic, and for the cure of rheumatic pains.

Illustrations of Hospital Practice.

PHILADELPHIA HOSPITAL.

Service of Dr. D. Hayes Agnew.
Reported by N. G. Blalock, of N. C.

TERTIARY SYPHILIS.

A train of accidents which, in consequence of their order of appearance, are called *tertiaries*, form the subject of the present remarks. These, like the secondary manifestations, depend for their existence upon the *primary sore*. This is the fountain of all mischief. That sore may be regarded as their grandfather.

They are much less frequent in their occurrence than secondaries; they may appear without the latter ever having been present; but only when the patient has undergone a constitutional treatment for the chancre, which has so modified the system as to destroy one element or link in the ordinary pathological progress of the disease. The period at which these phenomena may appear, is exceedingly various; certainly not earlier than the sixth or seventh month. In regard to secondary syphilis, it was stated that a patient might allow his mind to rest, if he passed a year and a half without their appearance; but it is widely different with tertiaries. The physician can never designate a period which, once reached, insures an immunity from all evil consequences. Year after year may roll away, and even after all traces of the old indiscretion have passed from the mind, the patient finds himself suddenly overtaken.

The tissues involved are, in general, the fibrous and osseous; but the testes, muscles, brain, heart, lungs, all may become the seat of attack.

Here is a case of sarcocele, an illustration of one of the earliest occurrences of the class under consideration. The tumor is somewhat pyriform in shape; it is extremely hard; is not painful to pressure; the epididimis can be felt not much changed in either consistence or outline. This patient had a chancre followed by blotches over the body one year ago. But there are enlargements of the testes from various causes. Why, then call this syphilitic sarcocele? Are there any means by which we can safely pronounce on the character of this tumor? First, then, with what is it most likely to be confounded? We would say (without specifying hernia, hydrocele, etc.) with carcinoma, tubercle, and gonorrhœal enlargements. Leaving out, then, our knowledge of a previous chancre, we may attain tolerably clear differential ideas by the following considerations: This patient is twenty-five years of age. Cancer of the testicle makes its appearance, generally speaking, later in life. No induration or tenderness is discoverable along the course of the cord. In cancer, its lymphatics are apt to be affected. This tumor, which is of several months' standing, is less painful to-day than when it first appeared. This is not the history of cancerous degeneration, but just the reverse. This tumor is smooth and regular in its form. The cancerous testicle will most probably, at this stage, be nodulated. The patient before us complains of a sense of weight, but nothing more. If it were cancer, there would be more than weight: there would be lancinating pains. There is here no tendency whatever to ulceration; which is not true of cancer. Equally confident am I that this is not tubercular disease. The epididymis does not seem to be affected. Tubercular sarcocele begins, perhaps as the rule, in the former, and afterward extends to the testicle. This man has not the slightest evidence of pulmonary disease. But tubercular sarcocele is likely to coexist with the former. There is here but one organ involved. Tubercular disease attacks both almost simultaneously. This tumor is now painless. If tubercle, like cancer, it would become more painful. The case before us exhibits no tendency to suppurate. This is not the case with the tuberculous disease. Still less likely are we to confound this with the enlargements consecutive to blennorhagia. In the latter, we have the evidence of urethral disease; the inflammatory symptoms are well marked—such as pain, heat, swelling, redness, etc.; and the testis itself is not involved, but only the epididymis.

Progress.—If left to itself the plastic exudation, which penetrates the intertubular tissue of the gland, may exercise such an amount of pressure as will destroy the seminiferous tubules; after which the lymph itself may, in a great measure, spontaneously disappear. There will, in such cases, be loss of virility and atrophy of the organ. Or the plastic exudation may undergo organization; or it may have deposited in it, earthy salts, until it assumes the consistence almost of bone. The organs most prone to suffer from similar exudations are the muscles, larynx, heart, lungs, and periosteum.

That we may study another manifestation of our subject, I present this young woman. Over the spine of the tibia is a considerable enlargement, which is exquisitely tender and painful. This is technically termed a node—an inflam-

mation of the periosteum. Nodes are mostly noticed over the tibia, clavicle, ulna, bones of the cranium, inferior extremity of the radius, and sometimes the ribs. Their approach is indicated by pains, which might be mistaken for those already mentioned as preceding the eruption of *secondaries*, inasmuch as both are aggravated by the recumbent posture. The tertiary pains, however, are much more circumscribed, are aggravated by pressure, and are seated over some of the bones just specified.

Nodes I shall divide into *acute* and *chronic*—a distinction of some practical importance. The case before us is a good illustration of the first—one in which there exists active periosteal inflammation; very sensitive to the touch, with the presence of purulent matter. The chronic node is usually without much pain; at first soft—afterward becoming firm or elastic, and the skin almost unaltered, such as we have upon the cranium of this negro woman now before us.

The plastic effusion which ensues, either flows into the cells of the periosteum or beneath it. In the latter case, the membrane is detached either completely from the subjacent bone, producing necrosis; or the connecting bonds are elongated, the exudation becoming more and more firm, and finally being transformed by the deposition of salts into a hard mass, which becomes united to the bone with which it is in contact, constitutes an exostosis. Such enlargements are called *osteoscopes*. When they arrive at this stage, the pain is gone, and they remain unchanged.

From succeeding periosteal disease, or, as many allege, independent of it, the osseous tissue may become inflamed, forming syphilitic osteitis, and ending in caries or necrosis. The bones most likely to suffer are those of the head, the small spongy bones of the nasal cavities, and the palatine portions of the upper maxillaries. The two patients present, afford us examples; the mulatto woman, of necrosis of the vomer and spongy bones, attended with a peculiar intonation of the voice, and an exceedingly offensive discharge; and the negro woman, of necrosis of the cranial bones, several perforations, as you may observe, existing, almost as uniform in their outline as though they had been removed by the crown of a trephine.

Treatment.—We have no single remedy which is equal in value, in the various forms of tertiary syphilis, to the iodide of potash. Under its employment, sarcocele is rapidly resolved, chronic nodes removed, and destruction of the bones arrested. To secure the full benefit of this salt, it should be given much more largely, than it is commonly prescribed. As much as from half a drachm to two drachms may be administered with perfect safety in the course of the day, taking care to exhibit it largely diluted with syrup and water. The acute node may be treated by leeches, cold anodyne lotions and perfect rest, or, in the manner which I adopt in the present case, by introducing a small bistoury beneath the skin, and making a subcutaneous section down upon the bone. This course removes all tension, gives exit to any accumulation, and saves the bone. The after management will consist in covering the parts with lint, kept wet with mucilage and laudanum. In addition to the constitutional remedy, the resolution of chronic nodes will be promoted by painting the surface of the skin over the part affected with tincture of iodine. We must reserve other tertiary phenomena and their treatment for another occasion.

AMPUTATION THROUGH THE FOOT.

N. N., a German, aged about 27 years, was exposed to cold during a recent cold term, when his feet were frosted, followed by sloughing. The toes of the left foot were especially affected, the sloughing laying bare the phalanges, and extending some distance down to the sole of the foot. Amputation was necessary.

But in this case, an operation at the metatarso-phalangeal articulation was out of question, as the extension of the slough upon the sole of the foot prevented the formation of a flap from that source; nor would the operation, usually termed Hey's operation, which consists in the separation of the metarsal row from the tarsus, have been advisable, inasmuch as the extensive detachment of the anterior muscles would likely have been followed by the turning down of the stump, through the action of the tendo-achilles. This sequel of both Hey's and Chopart's operations, constitutes a serious objection to the amputations through the foot: the action of the powerful muscles on the back of the leg rendering a subsequent division of the tendo-achilles necessary to relieve the talipes equinus in the stump.

Hence, in the present case, amputation was performed through the middle of the metatarsal bones, for which purpose an incision was carried across the dorsum of the foot, commencing at the outer, and terminating at the inner border, the interosseal muscles separated, then the metatarsal bones divided consecutively by a pair of strong bone forceps. The amputating knife was next passed in between the bones and the sole of the foot, and a flap cut from the latter. Several small interosseal blood-vessels were secured, and the wound closed by the silver suture, supported by adhesive strips.

STRICTURE OF THE RECTUM.

A man, about 30 years of age, entered the Hospital a short time since complaining of some uneasiness about the rectum. He states that two years ago he was cut for rectal fistula, at Troy, N. Y., from which he recovered per-

fectly. Three or four months afterward, he commenced to discharge purulent matter from his rectum, intermixed with blood. His bowels became costive, seldom being open without the use of purgative medicine. His fæces, when his bowels were opened without the aid of medicine, passed from him in small cylinders, not exceeding one-quarter of an inch in diameter.

An examination was instituted with the finger, when a stricture was discovered two inches within the rectum, its opening so small as not to receive the end of the little finger.

The absence of any great amount of induration around the stricture, the long continuance of the disease without much pain, and the absence of any constitutional evidences of a cancerous cachexia, rather preclude the idea of a malignant character of the disease.

The treatment consisted in dilatation, several methods of which were mentioned by Dr. Agnew; that by graduated bougies; by the speculum introduced through the contracted portion, and then forcibly dilated by pressing together the handles, etc.

The method adopted in the present instance, was, after the patient had been etherized, to carry a piece of stout muslin, well oiled, upon the end of a female catheter into the rectum, and pressing it through the stricture. Pieces of lint were next thrust in one after another until the constriction was forcibly dilated. The impacted mass was then removed, and an injection of laudanum ordered.

The advantage thus gained was to be maintained by the occasional introduction of rectal bougies, as soon as the bowel would tolerate their employment.

Dr. Agnew made some general remarks upon strictures of the rectum. It is necessary of educating patients to introduce bougies themselves, many months after the disease is considered cured, otherwise the disease is liable to return.

Medical Societies.

NEW YORK ACADEMY OF MEDICINE.

(*Continued from page* 343.)

Dr. PETER VAN BUREN moved that the special business of the evening be taken up.

Dr. MCNULTY moved a consideration of his resolutions in regard to prize essays.

Prof. RAPHAEL thought them out of order; they involved an amendment of the constitution, and to act upon them at that meeting would be contrary to the by-laws.

Dr. VAN BUREN read the law upon the point.

Dr. MCNULTY said he was right. Notice had been given in the regular way, the resolutions formally laid over, and they came up properly at that meeting.

Dr. VAN BUREN spoke in reference to a notice he had given of some proposed alterations in the constitution. This he had done after advising with various members. He wished to obtain an expression of opinion before the annual election. There was ample time for so doing. The association was organized for scientific purposes, to afford instruction to the body of the profession, to engage their interest and affection. Inducements should be multiplied, and as many restrictions removed as possible.

His first proposed alteration related to the election and term of office of President and other officers. Under the old constitution the term of office was one year. He much preferred that rule to the present one, under which the tenure was two years. Individuals found the duties onerous, and by the time the term expired were glad to lay aside both responsibilities and honors. Such would not be the case were the tenure for only one year. In such case, if the incumbent was desirous of re-election, and it was agreeable to the association, that privilege might be granted. Under the existing rule, if an individual became distasteful to the society as presiding officer, the matter could not be remedied until a long time had elapsed. The same arguments applied to the case of each office. He anticipated some difference of judgment upon this subject.

The second great reform he wished to effect was a diminution in the frequency of meetings. He felt more interest in regard to this matter than in regard to the other. His arguments were, that when the meetings were frequent, the habit was produced of not attending every meeting, the thread of interest was apt to become lost, punctuality neglected, and a general carelessness engendered. He proved by reference to the minutes, that while the meetings were held once a month only, the average attendance was much larger than under the present order of things,—meetings twice a month. There was now often difficulty, as on that very evening, in obtaining a quorum. There were so many requirements upon their time;—meetings of smaller medical associations, and innumerable other claims. Many members were obliged to sacrifice their interests to a considerable degree in attending. If he could not discharge the duties properly, he would prefer to break off altogether.

Dr. WATSON interrupted him by saying that his proposition had been voted upon and laid on the table.

Dr. VAN BUREN replied that was several months ago. The subject came up now as a new matter of business. He had no object save the interests of the society. The proposi-

tions he had made were advisable; in his own opinion, and in those of others with whom he had consulted.

The next proposition was in regard to initiation fees and annual assessments. He wished the amounts lessened so as to bring them in accordance with the old rule on the subject. He found that at the close of the year 1858, the balance on hand in the treasury was some $260.00. It would be, at the close of 1860, all demands having been paid, about $220.00. Under increased assessments, etc., the condition of the finances was not so good. It would be said that more money had been spent and appropriated—but such would always be the case. The remedy would be found in returning to the old system. He hoped these propositions would lead to calm discussion—an unprejudiced, honest, and fair expression of opinion. If it should be concluded that the existing system was the better one, let it remain in operation.

Dr. McNulty said he had no doubt as to the fact of the present constitution having its faults. A committee of nine (of which he was a member) had labored for two months upon it, meeting at least once a week, and holding protracted sessions. There was not a clause in it which had not been deliberately weighed, fully discussed, and viewed in all its bearings. A report was not presented until an endeavor had been made to draw up a constitution equal to the exigencies—one which would answer for years to come. He was certain the Academy had lost nothing in the diminution of the number of members. Formerly it had suffered from too many admissions—not from keeping men out. In regard to the matter of initiation fees and annual dues, an advance had been made by the Academy in the establishment of its Bulletin, etc.; the money had been well appropriated. He should vote against any amendment whatever, until faults enough had been detected to justify the appointment of another and different committee to revise totally. At the time the gentleman had given notice of his resolutions, he had given one himself of resolutions in regard to election by plurality. The latter, if adopted, would lead only to a suspension of a by-law. If taken off the table, and gentlemen thought they involved an amendment, he should vote against them himself. He was for consistency versus variety.

Prof. Raphael moved the resolutions be taken up separately, and that deliberation be confined for the present to the first. He was in favor of the annual election of officers, for the reasons specified by Dr. Van Buren, and also for the reason that in that way more members who aspired to the office could be elevated to the presidency, than under the existing arrangement. He also suggested that a positive limitation of tenure be made to one year, and that the individual be ever afterward ineligible.

Dr. Van Buren then read his first resolution.

Dr. Anderson said he was opposed to any amendment whatever. He was on the committee which drew up the constitution; it embraced in its number some of the ablest men in the Academy, men of prudence and close observation. Probably no eight or nine could have arrived at better results. The constitution had been in operation but a short time—two years. If the spirit of alteration should continue, they would probably have in three months more a series of proposed amendments. They had enough on hand now, if the whole subject should not be laid on the table, to create business for three or four meetings, give rise to a tedious discussion, and they probably would not be so well off when they had finished as they were before. He hoped the matter would be laid on the table.

Dr. McNulty made some more remarks in opposition to a change. For the first six months after election, the President was fit for nothing. If he could hold office only one year, by the time he became acquainted with parliamentary usage, and the working of affairs, his time would be out. They would be constantly "breaking in" a President, and then casting him off. The same objection applied with equal force in regard to committees, and especially Trustees. Under the present arrangement some stood over each time and kept things going smoothly.

Prof. Raphael said, that with all due respect to the Committee on the Constitution, it certainly was not intended for all time to come. Dr. McNulty's argument was worthless, unless it was intended to last until the next century. The constitution seemed rather to court amendments. An amendment could be made by giving notice of its intended proposal at one meeting, and voting in its favor at the next. When a constitution was supposed to be perfect, certain barriers were erected to prevent alteration. If supposed to be perfect, it should have been so arranged that it would take three or six months to amend. The Committee itself, however, probably thought it would need amendments. He saw no objection to those proposed, though opposed to amendments as a general rule. To-night, however, there was a bare quorum, and no fair expression of opinion on the part of the Academy could be obtained. How easy, he said, it would be, if he wished to make an amendment, to give notice then, not notify the members in writing, to speak to friends, and carry at the next meeting. He had not heard of the proposed amendments until that evening.

Dr. Anderson said there was a small attendance, members had not been notified, and he moved to lay the matter on the table.

The motion was seconded, put to vote, and decided by the Chair to be carried.

A count having been called for, it was found to be carried by a vote of eleven to ten.

Dr. Watson said the reason there had been more money in the treasury at the close of

1858 than at present, was, that at that time no memoirs were printed, every thing was held in abeyance, and members had advanced funds. This year there had been plenty of funds, a bulletin had been published, etc. The society was now in a more prosperous condition as to scientific working, whether the number of members was greater or less. It was now a good working association.

For the last two or three years, as President, he had endeavored to do his duty in every way, and to act justly toward every member. He was aware he had not that capacity for government some had. He had not sought the position, and would gladly lay it down. The society had satisfied him; there had been no discussion not pertinent,—or next to none. He hoped members would not come there to find amusement in elections, discussion of by-laws, etc., but for self-improvement and the advancement of science.

Dr. VAN BUREN said his resolutions having been tabled by a close vote, if they were not called up at the next meeting, he would give a new notice. He thought he had a right to do so.

The PRESIDENT—Yes, sir; you have a perfect right to do so, and also to break up the society if possible.

Dr. VAN BUREN replied such were not his motives. He desired to promote the welfare of the Academy. The President thought one method the best—he another, perhaps. The Committee must not consider the constitution perfect. There was always a tendency to think our own offspring perfection. When the constitution was made, they were awed into swallowing it whole, faults and all;—the Committee was such an able and *respectable* body; and now the same argument, when a proposition was made to amend,—such a *respectable* body!

Dr. HORACE GREEN rose to inquire whether these objurgations were in order.

Dr. MCNULTY began to explain his position in regard to the constitution. He was not bigoted nor blind to its faults.

Prof. RAPHAEL rose to a point of order.

A motion wrs made to adjourn.

Dr. MCNULTY deplored the feeling displayed on the subject by Dr. Van Buren, and was going on to make some remarks, but was interrupted by Dr. Blumenthal, who rose to a point of order, and said he had seconded a motion to adjourn.

It was moved that one meeting in the year be set apart for discussion upon proposed amendments.

Prof. GARDNER moved that no written notices be served hereafter. He had been appointed to read a paper, but had received no notice of the appointment, and was, consequently, unprepared. He hoped that in future no notices would be sent, unless the council could do better.

The Academy thereupon adjourned. C.

EDITORIAL DEPARTMENT.

PERISCOPE.

THERAPEUTICAL USES OF DIGITALIS.

In an able paper on this subject, published in the *Gazette Hebdomadaire*, by Dr. Germain, that gentleman comes to the following conclusions:

1. That in spite of the opinion expressed by Sanders, which is in contradiction with all that has previously been observed, digitalis retards the frequency of the contractions of the heart.

2. That nothing demonstrates that it enfeebles the force of the contractions of the heart, while theory, physiological experience, and his own observations, prove that one of its mediate effects in cases of contractions of the orifices of the heart is to augment them, and that, in consequence, there is no danger in giving it in cases where the energy of the heart seems diminished.

3. That the frequency of the contractions of the heart, in cases of obstruction of its orifices, prevent this organ from returning to a functionally normal standard, and keep up the disturbance of the circulation; and digitalis having the property of diminishing the frequency of the contractions, it is not necessary to look for another mode of action to explain the amelioration which in these cases follows the administration of this article.

4. That we can find nothing in the writings of authors which proves that digitalis possesses diuretic properties; and that this reputation, ascribed to it by Withering, seems to have been accepted without discussion by all who have followed him.

5. It is very true that in organic affections of the heart, in which the use of digitalis produces an amelioration in the circulation, it is often followed by an abundant diuresis, but that the diuresis in this case is only a mediate effect caused by a return of the circulation to a normal state.

6. That all authors are unanimous in ascribing to digitalis a powerful action upon the stomach; that in small doses it stimulates the appetite, but that in doses sufficient to act upon the heart it produces anorexia, even nausea, and may become a cause of a dangerous dyspepsia in a great number of cases.

The following final conclusions are readily deducted; digitalis possessing the property of diminishing the frequency of the contractions of the heart should be employed in the affections of this organ, consisting in a contraction in one of its orifices.

It should be employed in these cases because the frequency of the pulse opposes itself to the return of the circulation to its normal function; but we should be careful in administering it in other affections, accompanied by palpitations;

and for two reasons: one, because the relief which it may procure is insignificant; and the other, because while it does not act upon the original cause of the disease, it generally does only retard improvement by producing derangement of the digestive functions.

Finally, we should be careful in administering it in cases of dropsy not caused by affections of the heart. Digitalis possesses no diuretic action, and its employment under this title is dangerous, because it may, in producing dyspepsia, become an obstacle to a permanent cure, or may advance the fatal nature of the malady.

WOORARA IN TETANUS.

In the January number of the Maryland and Virginia *Medical Journal*, Dr. Milholland, Resident Physician of the Baltimore Infirmary, reports a case of tetanus following a fracture, in which, after canabis indica in grain doses, morphia by the mouth and subcutaneously, and chloroform by inhalation, had all been resorted to in vain, woorara was injected (two drops of a solution, the strength of which is not given,) into the cellular tissue of the fore-arm, by Prof. Hammond, with the following effect:

At the time of the operation (9 A. M.) the pulse was 160, the respiration about 75, decided opisthotonos. In three minutes the pulse had fallen to 152.

At 9.5, no other effect having been produced, two more drops were injected. At 9.10, pulse 144. At 9.20 pulse rising again; spasms the same; two more drops injected. Pulse almost immediately fell to 132; respiration 64. Spasms continuing, and pulse again commencing to increase; at 9.40 two more drops were injected. At 9.45 the pulse commenced to decline rapidly in rate and force. At 9.47 it was 124; at 9.49, 110; at 9.50, 90. At this time violent spasm, during which pulse intermittent.

The pulse thus gradually diminished in frequency and force, while the tetanic spasms increased in violence until 10.20, when the patient died during a paroxysm.

From the foregoing case, says Dr. M., it is seen that the woorara at no time produced the least impression upon the tetanic spasms of the patient, and, were it not sufficiently well established that its action is not to cause convulsions of this character, it might be supposed that the diseased condition was aggravated by the agent employed.

Prof. Hammond was of the opinion that no benefit is to be expected, in cases of this character, from the use of the corroval, and he supposed that death might have been indirectly hastened by the action of the substance in question upon the tissue of the heart. The mode, however, in which this event took place, was sufficient to show that it was not due to the immediate effect of the corroval.

The case, he thought, was likewise instructive, as showing how radical a difference exists between traumatic tetanus and tetanus caused by over-doses of strychnia, and should prevent us forming conclusions as to treatment, applicable to both conditions.

SHORTNESS AND COMPRESSION OF THE UMBILICAL CORD.

Mr. Devilliers, at a recent meeting of the Academy of Medicine of Paris, read a paper entitled *New Researches on Shortness and Compression of the Umbilical Cord*, of which the following are the conclusions:

Shortness of the cord, accidental or natural, is one of the accidents of labor, the diagnosis of which presents the greatest uncertainty and difficulty.

Almost all signs considered by authors as indicative of this accident do not apply directly to it, and are but very rarely present in practice. Based upon a large number of observations, he proposes to demonstrate that the indicative signs of shortness of the cord are as follows: 1st. A sudden diminution of the movements of the fœtus at an epoch more or less active during a large period of pregnancy, and especially toward the end, when the shortness is natural.

2d. Sometimes premature uterine pains.

3d. Persistent elevation of the fundus of the uterus at the time of labor in women whose pelves are well conformed, and when the child presents in a normal manner.

4th. During the whole labor a tension, a sort of rigidity of the uterine walls, even during the pains, and lasting until the expulsion of the fœtus.

5th. Sometimes the pain is referred to a fixed point at the fundus of the uterus at the time of its contractions.

6th. The presence of an umbilical *souffle* upon one or several points of the surface of the uterus, especially after the rupture of the membranes, but only in cases of accidental shortening.

7th. Frequently a slow progress of labor, with successive feebleness of the uterine contractions in cases where the shortening is very marked.

8th. The terminal pains of labor well marked, and like those of the first periods.

9th. Signs of suffering of the fœtus at an advanced period of labor, especially when the fœtal parts are engaged deep in the pelvis.

10th. A sometimes rapid termination of labor, and preceded or accompanied by a slight hemorrhage.

The signs 1, 3, 4, 6, are the most characteristic. Their presence ought always to engage the attention of the accoucheur, so that he may be ready to interfere if necessary.

The danger of natural shortness of the cord does not manifest itself except toward the last period of labor, and is rare.

The danger of accidental shortening manifests itself soon, and is caused principally by the compression of the cord. This latter accident, which takes place often without shortening of the cord, is for the child a more frequent cause of danger than is generally supposed.

DIPHTHERIA.

In the treatment of this disease almost all recent authors place great reliance on the administration of tonics, and especially iron in large doses. Dr. Aubrun, in a communication to the Academy of Sciences, states that he gives per-chloride of iron with good effects. He administers it as follows: 20 to 40 drops of the per-chloride are put in a glass of cold water, and of this the patient is made to drink about a tablespoonful every five minutes while awake, and every fifteen minutes during sleep. Immediately after each dose of the per-chloride, the patient takes a swallow of cold milk, without sugar. This treatment is to be continued with scrupulous regularity for several days, and during the first three days even without regard to sleep. The solution of the per-chloride should always be kept in a glass or porcelain vessel, a metal one being very liable to decompose it. Generally, during the first three or four days, Dr. Aubrun gives no nutriment except the milk after each dose of the per-chloride.

REVIEWS AND BOOK NOTICES.

THE CAUSES AND TREATMENT OF IMPERFECT DIGESTION. By ARTHUR LEARED, A. B., M. R. I. A., Lecturer on the Practice of Medicine and Materia Medica at the School of Medicine adjoining the St. George's Hospital, Physician to the Great Northern Hospital, etc., etc. London: John Churchill. 1860. 24mo. Pp. 224.

Nothing so much interferes with the happiness of man during his sojourn here below, as an impaired digestion, it being not to his comfort to be made aware by pain that he is possessed of a stomach. The small work of Dr. Leared is dedicated to his friend, Sir John Forbes. From the author's known character, as well as the company with whom he is associated, we did not expect to find one of those simple popular appeals to the public, which are so common on the other side of the Atlantic.

Yet it is a profound work, showing that the author's habits of thinking and investigating have not become estranged from the philosophy of the medical art. He writes from his own experience, gathered both in hospital and private practice in his own and other lands. His "great difficulty has been to write a *short*, rather than a *long* book." Such are the works wanted at the present day, in place of those ponderous tomes so often the result of ransacking medical libraries, full of undigested quotations and inaccurate statements, and often sure signs of intellectual indigestion.

In this little volume, Dr. L. has brought forward the results of his own observations, relying mainly on his own resources, together with those unquestionable evidences which have been proved. Nor has he "hesitated occasionally to express himself at variance with authority."

Chapter I consists of a brief statement of the physiology of digestion. Here, the whole of our knowledge of this important function is clearly expounded. The author states that the "lactic acid produces the chief characteristic reaction," associated with pepsin in the stomach, which he considers has its special action upon alimentary substances into which nitrogen enters, including the flesh of animals, fish, and eggs." As to the starchy and fatty elements of food, these undergo no changes from the secretions of the stomach beyond minute subdivision.* In the analysis of gastric juice, in a case quoted by our author, he obtained 3·66 parts of pepsin in 1000 parts of the fluid. "Copious as the saliva is, the gastric juice far exceeds it in quantity. The estimate of Dr. Schröder, from observation on a woman suffering from gastric fistula, is one of the latest and most reliable. He tells us that the average amount secreted in twenty-four hours was fourteen kilogrammes, or upwards of thirty pounds.* This is truly astonishing, and reveals to us an immense circulation between the blood vessels and the alimentary tube." (p. 13.)

Estimates of the intestinal juice, as to its quantity, would seem, according to our author, to be very unreliable, being set down by Haller at eight pounds in twenty-four hours, while half a pound in the same period is the estimate of Bidder and Schmidt. This secretion has the property of dissolving albuminous substances, and of converting starch into sugar, and is, therefore, regarded by Dr. L. as supplemental to the gastric juice and saliva.

In Chapter II, he enters upon the causes of dyspepsia, but not into the organic changes, confining himself chiefly to those functional derangements, of which the stomach is the seat.

In Chapter III, he gives a full account of the symptoms of dyspepsia, dwelling at some length upon "flatulency or gaseous distension of the stomach." The natural source of the stomach's gaseous supply he considers to be the external air; and this gradually loses oxygen, until in the small intestines, the atmospheric proportions are greatly altered. Nitrogen, therefore, seems to be the chief distending medium which mechanically aids digestion, and which, by incorporating with the fæces, facilitates their transit through the intestines."

Another cause, or gas-producing element, is

*Succi Gastrici Humani Vis digestiva, ope fistulæ stomachalis indigata. Dorpati, 1853.

the arrest of alimentary masses in their passage through the tube, producing fermentation. Another cause of flatulence happens in hysteria, which Dr. L. has proven is not the product of fermentation, but is simply nitrogen. Dr. Brinton* denies the evolution of gas by the mucous membrane, and is of opinion that the sudden occurrence of flatus is due to gaseous expansion consequent upon an equally sudden relaxation of the gastric coats. This ingenious idea is founded upon the compressibility of gases, and pre-supposes a considerable amount of pressure, which, however, our author cannot admit; nor does he think the forcible expulsatory efforts usually associated with flatus consistent with a condition of temporary paralysis.

He then treats of vomiting, regurgitation, pyrosis, heartburn; in the latter he differs from Dr. Chambers, in not considering it spasm. From his own experience, he compares the taste to that of rancid butter. "This taste, and the circumstance that pastry and certain other articles which, either directly or indirectly, yield butyric acid, are apt to induce heartburn, lead me to believe that acid to be the cause of it."† Pain, headache, and the symptoms obtained by inspection of the tongue are then carefully treated of, as also the throat and sense of taste, disturbance of the bowels, the organs of sense, and concluding with its sleeplessness. This chapter is very complete, and worthy of careful study by the practical physician.

Chapters IV, V, VI, are devoted to "Accidental and Habitual Dyspepsia." By the former, he means that form produced by accidental causes acting on the healthy subject, as for instance:—

"Simply eating in too large a quantity.

Indulging the appetite with too great variety of food.

Partaking, even moderately, of a single kind of food against which there is a constitutional repugnance."

In the latter form, the difference is this:—

"In the habitual disorder an increased susceptibility leads to a constant repetition of digestive disturbance, and this constitutes a true chronic disease."

Chapters VII and VIII are devoted to the treatment of Dyspepsia by General Hygienic Agents, and by Medicines. To prevent unnecessary repetition, this portion is illustrated by not overdrawn cases of a typical character.

Under the head of treatment by hygienic agents, he gives the following list of articles, arranged in groups:

"The first contains the articles most suitable for the dyspeptic; the second, those only admissible in less severe cases; and the third may be considered a dietetic index expurgatorius, since few of the articles comprised should ever be taken by the invalid, while those to which an asterisk is attached should be regarded by him more in the light of poison than food. With the view of correctly indicating the general experience, I have adopted this classification, as most of the articles, about which difference of opinion is likely to arise, will be found holding a medium position.

First Group—Articles easy of Digestion.—Mutton, venison, hunted hare, sweetbread, chicken, young pigeon, partridge, pheasant, grouse, beef tea, mutton broth, milk.

Whiting, turbot, haddock, flounder, sole.

Stale bread, rice, tapioca, sago, arrowroot, asparagus, seakale, French beans, cauliflower, baked apples, oranges, grapes, strawberries, toast water, black tea, claret, sherry.

Second Group—Articles moderately easy of Digestion.—Beef, lamb, rabbit, turkey, duck, wild water fowl in general, woodcock, snipe; soups in general; eggs not hard boiled, butter.

Turtle, cod, pike, trout, raw oysters.

Potatoes, turnips, cabbage, spinach, artichoke, raw vegetables, especially lettuce; apples, peaches, apricots, pine-apples, gooseberries, currants, raspberries, mulberries; bread, and other farinaceous puddings; jelly, marmalade, rhubarb, and cooked fluids in general, cocoa, coffee, malt drinks, port wine.

Third Group—Articles difficult of Digestion.—*Pork, *veal, goose, the liver, heart, kidney, brains of animals, salt meat, sausage, *hashed or *stewed meats.

*Mackerel, eels, salmon, herring, sprat, skate, halibut, salted fish in general, lobster, crab, prawns, shrimps, cray fish, *mussels, cockles, scallops, and oysters cooked.

Oil, melted butter, hard boiled eggs, cheese; new bread, muffins, and buttered toast; *pastry in general, *sweet puddings, pancake, custards.

*Nuts of all kinds, pears, plums, cherries, dried fruits; *cucumber, beatroot, Jerusalem artichoke, onion, carrot, parsnip, peas, beans, mushrooms, pickles.

Chocolate, champagne, liquors."

Under the head of treatment by medicines, he states that, after a fair trial, he has been obliged to decide against the so-called *pepsin*. He remarks, "if it were possible to collect gastric juice itself in considerable quantities from living animals, I can, *cæteris paribus*, conceive that an efficient preparation might be obtained. But experience shows that this is not supplied by a preparation obtained from mere infusions of dead stomachs." For experiments and further observations show its inertness, as quoted in an appendix at the end of the volume.

In the treatment of vomiting, he has found the chloride of calcium as efficacious as the hyposulphite of lime, which is also particularly suitable to dyspepsia, with foul eructations of the less intermittent kind, such as is common in London dispensary practice: it may be given in doses from half a drachm to a drachm of the pharmacopœial solution.

In this connection, we would remark, that

* See Appendix A. of his Dis. of the Stomach, p. 75.
† See Appendix B.

the writer has found the oxalate of cerium a most admirable remedy in dyspeptic vomiting, the result of an atonic condition of the stomach. He has also found that the sulphite of soda will prevent the fermentation, and destroy acetous fermentation both in and out of the body. Out of the body, in proportion of a quarter of an ounce to the gallon of fluid, the sulphite of lime will prevent cider, wine, or other liquors from passing into the acetous fermentation. By placing it at the bottom of a cask, it acts as a sentinel, ready to give off its sulphurous acid the moment any acetic acid is developed, and by keeping the bung of the cask open, it passes away, and will not injure the taste of the wine or cider. It has been proven, by experiment, that during fermentation, an apple will evolve *six hundred times* its bulk of gas.

In taking leave of our author, we cannot but be impressed with the careful manner in which he has performed his task in preparing a most useful and practical work upon functional diseases of the digestive organs, which will well repay the busy practitioner the time spent in its perusal. L. T.

ELEMENTS OF CHEMISTRY. For the use of Colleges, Academies, and Schools. By M.V. REGNAULT. Illustrated by nearly 700 wood-cuts. Translated from the French by T. FORREST BETTON, M.D., and edited, with Notes, by J. C. BOOTH and WM. L. FABER. Fifth edition, greatly improved. In two volumes. 8vo. Pp. 1475. Philadelphia: J. B. LIPPINCOTT & Co., and J. A. SPEEL. 1860.

These two splendid volumes meet the wants of the student of chemistry better than any other in the English language. The style is lucid and intelligible, and, while all unnecessary minutiæ are avoided, a full account is presented, not merely of the elementary bodies and their inorganic and organic compounds, but also of the processes of analytical chemistry and of the chief applications of chemistry to the industrial arts. The work is well adapted to the wants of students and practitioners of medicine; but it is not by them alone that it will be found invaluable. To all interested pecuniarily or otherwise in those industrial pursuits in which chemical processes are employed, it presents special attractions, and the general reader—who would learn how intimately the progress of exact science is connected with the progress of those branches of industry by which alone civilization is rendered possible, and who would understand the arts to which he owes not merely his luxuries, but even many of the daily necessaries of life—will find it full of interest. The name of Regnault would be of itself a sufficient guarantee of the character of the book, and the American edition has certainly lost nothing in the hands of its learned translator, Dr. T. F. Betton; while its applicability to national peculiarities is guaranteed by the editorial supervision of Messrs. Booth and Faber, both of whom are favorably known to the American public, and by whom many valuable notes have been added. The typography and mechanical execution of the work are beyond criticism, and its value is greatly enhanced by nearly seven hundred wood-cuts of apparatus, etc.

THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, JANUARY 5, 1861.

AMERICAN SURGERY AND FRENCH APPRECIATION.

We are *naturally* polite, but this happy trait has been much developed by our reading French. Hence, almost involuntary, we raise the hand to the *chapeau* as soon as a Frenchman is in sight. This time, however, we must do even more. At the risk of exposing our bald head to a severe attack of cold, we take our hat off and make a deep transatlantic bow before Doctor JULES WORMS.

This learned Academician is publishing historical and critical observations on ovariotomy, in our excellent cotemporary, the *Gazette Hebdomadaire*. We have done Dr. Jules Worms the honor of giving him a hearing before the American profession, and by the translation of his paper in the REPORTER his American audience is very probably much larger than his French.

It is highly gratifying to learn that the French surgeons are at last beginning to learn some of the lessons which the profession of other countries have long mastered, and that they are becoming inclined to follow in the path which American surgery has hewn. It may be somewhat disagreeable to French pride to simply follow in our trail; and, for this reason, we are disposed to excuse a little irritability of temper, which manifests itself, when they speak of an operation, eminently American. In reference to this point we refer the reader to the first two paragraphs of Dr. Worms' paper, in another column.

What Dr. Worms there says is eminently suggestive. The throwing out of the most valuable and copious material furnished by American observers and operators—in an operation, too, to

which "American surgeons have been first to give due prominence"—that is what Americans get for their proverbial toadyism to foreign medical literature. And it serves us right.

American medicine and surgery does not deserve appreciation abroad until we begin to appreciate and honor it at home. There is a class of writers here, unfortunately, whose great *forte* consists in compiling from foreign writers, and who think they have reached the very pinnacle of literary greatness if they quote some French or German author, (whose name they borrow from some half-yearly abstract, being, generally, unable to read either of these languages.)

Then, again, we have a class of authors (!) who edit foreign works, sometimes with notes, sometimes without, and who, in league with the booksellers, have done more to smother American medical literature and to counteract its sound development than all other causes combined.

And, lastly, we have the toadyism of medical journals;—those which give room to every new scientific canard from abroad, while they neglect their duty of cultivating original research at home, and when they copy from domestic journals, do so without giving credit.

We are thankful to Dr. Worms that, in discarding American facts, he has given us an opportunity to make these few remarks. His omission is highly *unjust;* but it is a forcible rebuke of toadyism that has often disgraced American medical literature.

Let us not, however, be misunderstood. We do not defend a national exclusiveness in science; we claim that it is cosmopolitan, and for that reason let credit be given wherever it is due. Only let us begin to respect ourselves at home, if we wish to be appreciated abroad.

MEDICAL SOCIETIES.

Although of no scientific value whatever, many of our readers will read with interest the proceedings of the New York Academy, published in this number. We have inserted them as a specimen of the unprofitable manner in which wise and learned men can spend valuable time, and as a warning to other societies. They fight over constitution and by-laws as if the real difficulty were *there*, instead, as is really the case, in the *want of the proper esprit de corps* among the profession of New York city, a lack of sound ethics, and an indisposition to do justice among themselves. It will be seen, by the report, that the President of the Academy intimated that there might be danger of "breaking up." We hope it will not come to that. But the profession through the country, would rather see the Academy broken up, past all mending, and rejoice in its downfall, than to have it continue as a mere advertising medium for a few irrepressible orators, detailing their cases and cures in the daily prints, thereby shamefully violating the code of ethics, and making the profession a by-word of ridicule before the people and a laughing stock among the reporters of the secular press. Let the Academy take warning in time.

MUCH ADO ABOUT NOTHING.

There was some disturbance a few weeks ago in the New York University Medical College, arising simply from explanations which the faculty demanded of Dr. Aylett, who was connected with the institution in a sort of semi-official way—regarding his conduct in pecuniary matters with the students and the faculty. Dr. Aylett, instead of explaining, got mad, and managed, with the aid of the sensation reporters of the daily papers, to give the matter a political aspect. The excitement, however, soon abated. Dr. Aylett left, taking a few students with him, and things have returned to their old way. We had already forgotten the whole affair, when we received the January number of the *American Medical Gazette*, (Dr. Reese's,) which is so hard up for matter that it lays before its readers *twenty pages* of *extracts* from the sensation papers of New York, giving, in the best style of the great and glorious Jenkins, "ye rise, progress, and ye melancholic end of ye foolish squabble." What does the *Gazette* mean by laying before its readers twenty pages of the offal from sensation papers?

Correspondence.

ARTIFICIAL RESPIRATION NOT TO BE USED IN RESUSCITATING STILL-BORN CHILDREN.

When the storm of labor takes refuge in the peaceful harbors of maternity, and the newborn offspring does not cry, or present any evidence of life, the mother is extremely anxious as to the condition of her child.

When children are still-born, from any natural cause during labor, it behooves the accoucher to employ every remedial means within his power for the immediate restoration of life.

The course generally pursued is artificial respiration in connection with sudden applications of cold water, spirits, etc., etc. What I desire to direct the attention of the profession to, is the habit of using to an excess the inflation of the lungs. When a child is still-born, the lungs are in a collapsed condition, containing no air, no blood. The object of inflation is to bring about a circulation of the blood, or rather to furnish oxygen which gives the blood its red color.

During the performance of healthy respiration, oxygen is taken into the lungs, and carbonic acid given off. When we attempt resuscitation of a fœtus, we naturally employ first artificial respiration.

Laying aside all directions laid down for the proper restoration of life, we wish to discuss only the propriety of inflating the lungs with air already respired, and fully charged with carbonic acid.

Inflating the lungs of a child which has never breathed, we undoubtedly double the chances against any possibility of resuscitation. What would be the consequence when circulation commences in the lungs? Blood would meet with air fully carbonized! Does it not most assuredly add to the doubtful side? What must be the result when our efforts at inflation are continued? Carbonized air is unable to support life. Dalton says, "respired air is very obnoxious; respired air is vitiated air."

I have never been able to derive the least benefit from inflation of the lungs, and I have never heard of any practitioner relying exclusively upon artificial respiration, and meet with success in restoring life.

The proper mode of procedure for the restoration to life of still-born children is the following: the child should be placed upon the left side, its mouth kept open, and tongue depressed by an assistant, gentle manipulation used, imitation of the movements of respiration, sudden application of cold or heat, (acting by reflex action,) sprinkling spirits over the chest, slapping the buttocks, etc.

The above operations should be resorted to as soon as the delivery of the child, when no apparent signs of life are present.

Artificial respiration will certainly do harm.

Respired air is obnoxious air.

Carbonized air is a non-supporter of life.

Carbonized blood will cause death.

Irritation by manipulation is best in connection with the other remedies mentioned.

D. WEBSTER BLAND, M. D.

Schuylkill Haven, Pa., Dec. 28, 1860.

MATTERS IN NEW YORK.

New York, January 1, 1860.

MESSRS. EDITORS:—There is very little astir in medical matters here, just now, if I except some difficulties in the Academy of Medicine, which excellent body has been threatened of late with some kind of an eruption, though it is impossible so far, from the precursories, (and some of the latter are *loud* enough,) to judge what form of an eruption it will be.

The fact is simply this. There is a general and pretty universal feeling among the profession in this city, that the Academy of Medicine is not what it should be. And in this they are right. The Academy, in throwing open its scientific and business meetings to the reporting hawks and buzzards of the secular daily press, from the *Herald* down to the *Express*, has disgusted so many of its best and most valuable members that they either absent themselves from its meetings, or when there, sit with mouths sealed, as they do not wish to render themselves subject to the favorable or unfavorable criticism of the penny-a-liners of the *Times*, *Herald*, etc., etc. This is one of the reasons explaining the gradual downfall of the Academy; and I fully concur with the editorial remarks in one of the recent numbers of the REPORTER, that this violation of the Code of Ethics on the part of the Academy should be brought before the American Medical Association, and the most speedy way of doing this will be by challenging its delegates when they present their credentials before that body.

Another reason which has contributed to the loss of interest of the profession in this society, is the stereotyped appearance, on every occasion, of the same irrepressible orators in debate; men of immense inflation, massive gesticulation, and a great volume of voice, which they elevate to the highest pitch in order to impress the reporters of the papers with their tremendous importance.

This class of men, however, is fortunately but small.

There is some hope, perhaps, that by strong efforts the Academy may once more come back to its halcyon days. There is but one way, however, in which, as far as I see, this can be done. The Academy should exclude all reporters for the secular press, and every man who takes interest in the welfare of the profession of New York must come to the rescue, the sleepy must be waked up, the drowsy aroused, and the voices of speechmakers give way to the

sounds of heavier scientific artillery. Nothing short of that will revive the languid body.

In medical literature there is nothing very stirring. The *American Monthly* is now by all odds our best journal here, since the old New York *Journal of Medicine* has died, and its subscription list has gone to be experimented upon in another direction. Whatever advantages this enterprise of a French publishing house may have, its editorials are uncommonly heavy, and its reports of New York societies and clinics, etc., fully two or three weeks behind those of the Reporter, a matter which is a surprise to me only in so far as I do not understand why the *New York Weekly* is so slow.

In going the rounds at Bellevue Hospital the other day, I happened to stray into my favorite place, the dead house, when Dr. Ferguson, one of the house physicians, was making a post-mortem examination. There were quite a number of students there; but, contrary to common usage, Dr. F. made no remarks upon the examination whatever. When the examination was nearly finished, one of the students, a tall, whiskered young man, who had been very busy taking notes, came up to Dr. F. and asked him some questions, which Dr. F. refused to answer. He soon retired. Dr. F. then explained to those remaining that *some one* had lately been in the habit of reporting cases for the Philadelphia Reporter, and that man, whoever he was, could not know about the cases. I see, however, that you have the very same case fully reported in your last number.

When you say "C." do you mean F?

Gothamite.

Discoloration of the Fœtus and the Fœtal Membranes.

A subscriber writes from Indiana as follows:

Messrs. Editors:—In the Reporter of December 15th, a case is recorded on page 294, by Dr. Rittenhouse, in which the fœtus and membranes were covered with a yellow unctuous substance. It accords so nearly with a case that came under my care recently, that I thought to add another to the list, and join Dr. R. in requesting the opinion of others on the subject. On the 3d of May I was called to attend Mrs. ——, in labor with her third child. The woman was of medium size, healthy, and had come to her full time.

After a protracted labor (though not unnatural) she gave birth to a son of large frame and very lean in appearance, but apparently perfectly healthy. There was not a drop of liquor amnii present. The unctuous fluid, before mentioned, being substituted to the amount of about one pint.

The membranes were so tough that the ordinary means would not rupture them, and rather suddenly the fœtus was expelled with the membranes entire. The yellow unctuous fluid, mentioned by Dr. R., covered all the parts, and on removing the membranes as soon as possible, the fœtus was found to be enveloped with the same substance, which adhered to it quite tenaciously, and emitting a rather unpleasant odor. The mother and child both did well. Now, if the yellow fluid was *bile*, as suggested by Dr. R., how came it there? or, was it a freak of nature to substitute this yellow substance for the liquor amnii? I have an opinion about the matter, but wait to hear from wiser heads.

NEWS AND MISCELLANY.

Science at the Bottom of the Sea.—Dr. C. Wallich, who accompanied the recent expedition to survey the projected North Atlantic Telegraph Route between Great Britain and America, has brought back some important notes of new facts in natural history which he has ascertained. His main object was to determine the depth to which animal life extends in the sea, together with the limits and conditions essential to its maintenance.

He has proved that at a depth of two miles below the surface animal life exists. Here, where the pressure is calculated to amount to at least one ton and a half per square inch, and where it can hardly be conceived that the most attenuated rays of struggling light can penetrate, Dr. Wallich has not only discovered the minute infusorial Foraminifera, whose calcareous envelopes protect them from pressure, and whose organization is of the simplest, but he has obtained from a sounding, 1,200 fathoms deep, a number of star fishes (genus Ophiocoma) adhering to the lowest fifty fathoms of the deep sea line, which must have rested on the bottom for a few minutes, so as to allow those star-fishes to attach themselves to the rope; so that it is now established that in these regions of watery desert and everlasting darkness there exists "a highly organized species of radiate animal, living, entwining, and flourishing, with its red and light pink tints as clear and brilliant as its congeners which dwell in shallow and comparatively sunshiny waters." Others, doubtless, exist; for this is but a first inquiry so conducted, and in time we may come to hear of a new submarine fauna, peopling these dark abodes, and preparing this subaquecious floor just as the land on which we now walk, once submerged, is believed to have been prepared. It is said of Dr. Wallich's researches that science is now where its friends and enemies would alike wish it to be—at the bottom of the sea.—*Lancet.*

Garibaldian Medical Orders of the Day.—Dr. PETER RIPARI, Chief of the medical department of Garibaldi's army, issued, under date of Naples, Nov. 9th, an order of the day, concluding as follows:

"To you, medical men and surgeons of the army of the Two Sicilies, who took such a noble part in the great struggle, to you I address myself for the first time, though in every emergency you have always discharged your duties on the field and in the hospitals with so much skill and devotion: to you I speak for the first time, and declare you the sanitary corps which more than any has deserved well of the country. Nor do I hesitate in calling you a most efficient army sanitary corps in point of science and skill, while you number amongst yourselves such divisional surgeons as Dr. Ziliani, Dr. Braico, Dr. Denaro, Dr. Marozzi, Dr. Gemelli, Dr. Morosi, Dr. Albanese, Dr. Monasteri, Dr. Stradivari, Dr. Sacchi, Dr. De Vita, Dr. Franklin, Dr. Mackenzie: and while all the divisional surgeons in active field service incessantly speak with the highest satisfaction, in their reports to me, of the regimental and other surgeons under them.

"The many difficult operations performed on the field of battle and in the provisional hospitals give ample evidence of the skill, calmness, and courage of the surgeons, who have been repeatedly called to exercise their office under the enemy's fire; and amongst others, the young Dr. Cipolla, under head-surgeon, Dr. Basille, first-class captain and staff-surgeon, and Dr. Maltese, regimental surgeon in the camp hospitals reserve, have particularly distinguished themselves. Dr. Palpa, first-class chemist, deserves also honorable mention for his ability and courage.

"I express, then, my sincere thanks to the Sanitary Corps of the southern army of the Two Sicilies, whose skill, devotion, and tender feeling, exercised in the performance of its duties during the fatiguing campaign, have rendered considerably easier my onerous charge of Chief of the Medical Department; and I thank it as well in the name of the Great Chief who has led us to victory in the name of Italy redeemed, and also of the remaing portion, which ere long shall be redeemed.

"DR. PETER RIPARI,
"Chief of the Medical Department.
"*Naples, Nov. 9th*, 1860."

Mal-practice.—The *Gazette Hebdomadaire* makes the following statement:

Mr. LARREY has just communicated to the Society of Surgery a letter from an American confrère, in relation to a question of surgical responsibility. The extraction of a movable cartillage from the articulation of the knee was performed two years ago; it was followed by ankylosis. The patient instituted a suit for damages against the physician, accusing him of having undertaken an operation unjustifiable on account of its gravity, and to have extracted instead of the false cartilage, a piece of the true articular cartilage The surgeon from the other side of the water is not content; he has written to England, Germany, France, and, perhaps, also, to China, to request having sent to him specimens of movable cartilages, extracted with success—not counting those which he has probably already obtained in his own country. He is in hopes of soon being able to throw a bushelful at the head of his adversaries. Mr. Larry remarked justly, that it was impossible to decide about this particular case, without the precise details of the diagnosis, the nature of the body extracted, the special circumstances of the operation, and the formation of the anchylosis.

Medicine in Morocco.—M. Garcia Vazquez, Head Physician of the Spanish Army, lately in Morocco, writes thus of the state of the medical art there: "Any one who pleases practises medicine, which is carried on ridiculously—the practice being rather religious and mystical, than scientific. All depends on fate. Physicians attribute disease to evil spirits, and hope to find a cure in time, or they submit to farcical proceedings unworthy of reasonable beings. One of their most efficacious remedies is sarsaparilla, which they employ with a mixture of religious acts, a sort of dietetic regimen. Here is a specimen of what happened before me in the case of the Ketif who was charged with the Treaty of Peace. At the request of our General I examined the leg of this high personage, and found there an anthrax, which had been left to itself, and irritated by the friction of his woollen clothes, had grown to a very large size. He had besides, erysipelas of the leg, and œdema of the foot. I prescribed what was requisite, but found it hard to make him understand that it would not do for him to remove the apparatus many times in the day for the sake of his ablutions and prayers, and could not overcome his repugnance to the application of cotton-thread to his skin. .Fools and devotees, sort of much the same thing, are the only Doctors here. The Jews have one sent to them and paid for by Rothschild; he is also a *Pharmacien*. The people also have their *wise men*, who assist them in their diseases."—*Med. Times and Gaz.*

State of the Vessels of the Brain in Epilepsy.—Professor Virchow exhibited to the Berlin Medical Society a portion of brain taken from a man who had been insane for twenty years, but had never been epileptic. Considerable teleangiectasis was observable at the pons, at the junction with the medulla, which, according to Schroeder van der Kolk, should bear a relation to epilepsy. There was also much coloring of the pia mater from pigment formation. Virchow cannot call to mind having ever seen a dilatation of the cerebral vessels in the epileptic, although he has often with the appearance

in other post-mortem examinations. In all these cases the smaller arteries were affected with some aneurysmatic enlargement, which was often continued to the capillaries, the dilatation being accompanied by thickening of the walls of the vessels. As the production of these changes in the vessels must be a very slow process, the effect on the brain is also very gradual, and need not be attended with any sudden disturbance of its functions. As to the pigment formation in the pia mater, it is of such frequent occurrence, that Virchow attaches it to no special pathological condition.—*Deutsche Klinik, No.* 38—*Times and Gaz.*

Food and Drink in Paris.—Some curious statistics in regard to the receipts, expenses, and quantities of articles of food and drink consumed in Paris in the year 1859, have just been published. The income for the year amounted to $110,306,124, while the expenditure reached $97,720,514. As usual, the chief source of income was the "octroi," or city duty, which produced 50,040,457 fr., the highest sum ever obtained by that source of municipal revenue. The tax on dogs, of which animals, it appears, there is a population of 29,587, produced a revenue of 292,000 fr. The funeral monopoly yielded 214,523 fr. for 30,019 interments, and public coach stands, 1,969,768 fr. In the way of expenses, 16,433,000 fr. were employed in paying the interest and refunding the capital of the different loans contracted by the administration, 19,000,000 fr. for highways and sewers, 12,295,000 fr. for police expenses; for fêtes and ceremonies, 1,559,000 fr.; for keeping in repair the Bois de Boulogne, 559,000 fr.; for works of art, 200,000 fr.; and for the service of the national guard, 573,000 fr.

Among the articles of food and drink consumed during the year, I find the following startling figures: Wine, in casks, 1,735,007 hectolitres, (the hectolitre is twenty-two gallons and a fraction;) in bottles, 12,678 hectolitres; alcohol and liquors, 77,044; cider, 21,028; beer, of Paris and exterior manufacture, 290,381 do. Of grapes, there have been consumed 4,169,100 kilogrammes, (of 2 lbs. 3 oz. and a fraction, avoirdupois;) of beef, veal, mutton, and goat's meat, 74,834,940 kilogrammes; pork and lard, 6,091,769; sausages, 1,232,605; patés, crawfish, and truffles, 102,158; dry cheese, 2,018,671; sea-fish, 9,465,114. Of oysters, there were consumed to the value of 2,137,871 fr.; fresh water fish, 1,095,063 fr.; poultry and small game, 19,428,466 fr.; butter, 20,409,520 fr.; eggs, 10,520,887.

There were born in Paris, during the year, 37,973 children, of whom 12,278 were illegitimate, but of whom 2,255 were recoguized by their parents. There have died 32,774 persons, of whom 16,591 were males, and 16,183 females. The number of marriages is sadly disproportionate to that of births, amounting to only 1,135.

Formulæ for the Preparation of the Principal Collyriums used in Ophthalmia—Employing Glycerine instead of Water.

By Dr. Foucher.

Pure Glycerine,	- -	30 grammes.
Borax,	- - -	2 to 4 "
Pure Glycerine,	- -	30 "
Sulphate Zinc.	- -	1 to 3 "
Pure Glycerine,	- -	30 "
Sulphate Copper,	-	1 to 4 "
Pure Glycerine,	- -	30 "
Tinct. Iodide,	- -	4 to 8 "
Pure Glycerine,	- -	30 "
Per Chlorid Iron,	-	1 to 4 "
Pure Glycerine,	- -	30 "
Tannin,	- - -	1 to 4 "
Pure Glycerine,	- -	30 "
Calomel,	- - -	2 to 4 "
Pure Glycerine,	- -	30 "
Laudanum,	- -	2 to 4 "

[*Bulletin Gén. de Thérapeutique.*

Extra-uterine Pregnancy.—Dr. John C. Carter relates in the January number of the Maryland and Virginia *Medical Journal* a case of extra-uterine pregnancy. The following is a condensed account of the *post mortem* examination. the patient having died rather suddenly, in labor, as was supposed.

Present, Drs. Gough, C. F. Henser, G. H. Hare, and Carter. When the abdominal walls were divided, a large cyst was found, containing a full grown male child, with its cord and placenta entire. The child had been dead about three weeks. The cystic walls in the umbilical region were very thin and purplish; in their superior portion more dense, and inferiorly greatly thickened. Firm adhesions between cystic walls and peritonæum anteriorly and posteriorly.

The uterus, with its appendages, was found entirely separate and independent of the cyst. In volume the uterus was considerably enlarged; cervix much elongated, uterine walls nearly an inch thick. Cavity of womb about natural. The actual condition of the ovaries could not be ascertained on account of the generally diseased condition of the uterine appendages.

A Fact for Physiologists.—At the Middlesex Sessions, on the 17th inst., Henry Hamilton, 18 years of age, was tried with two other prisoners for an ordinary theft. Boden, 11 D, and Deeble, 147 D, said they knew the prisoners, and mentioned the extraordinary circumstance that Hamilton was one of a family of 32 children. His father was 66 years of age, and had had two wives, by one of whom he had had 30 children, by the other two, and of them all 24 were now living. He was married to his first wife 48 years, and the youngest of his 32 children was now seven years old.—*Medical Times and Gazette.*

Neapolitan Hospitals.—I saw, no later than three days since, the dirt on the ground of one of the wards in San Sebastian 'caked' half-an-inch deep, hard dirt, while the attendants were washing pots and kettles and plates about the beds. That I may be the more precise, it was the Sala Vittorio Emmanuele. On leaving that *sala* I went to another, and listened to the whispered complaints of a poor fellow who had been shot through the lungs, that he had been robbed frequently and had not that frequent attendance necessary, as the discharge of his wound was so great. 'I give the poor fellows some money at times,' said a lady to me, 'because they are neglected if they do not give the *infermieri* something.' 'I was robbed by my *infermieri* of a piastre or two which Victor Emmanuel left to me,' said the wounded boy; 'get me into another more central place,' and I did. I said the *surveillance* of the hospitals has been conducted principally, if not altogether, by foreigners; some honorable exceptions there have been, but still the rule holds good. English ladies have sacrificed their ease and time, and one has risked her life almost in the battle-field, while Neapolitans have, for the most part, remained at home at ease, apparently indifferent to the sufferings of their 'brothers.'"—*Times' Correspondent.*

Placental Pregnancy.—At a recent meeting of the Society of Surgery, (Paris,) M. Prestat, corresponding member of the Society, presented a placenta, with its membranes, in all respects normal, except that on one side was found a very small sac, containing a fœtus apparently of about three months' development, while the other fœtus had arrived at full term.

Somnambulistic Humbug Punished.—The tribunal at Provins, (France,) recently fined a somnambulist two hundred francs for illegally practicing medicine. The fine was, as usual, paid in the treasury of the local Medical Society of Provins.

Philadelphia County Society.—The next meeting of this Society will take place Wednesday, January 9th. Dr. JOSHUA H. WORTHINGTON will read a paper on *Puerperal Insanity* and a full meeting is anticipated.

Andral has retired temporarily, on account of ill health, from his duties as Professor of Pathology and General Therapeutics. Mr. Chauffard supplies his place during the present session.

Philadelphia Hospital.—Drs. Gross and DaCosta entered on duty in this hospital last Wednesday. They will conduct the clinics, at the usual time, every Wednesday and Saturday.

Hydatids of the Liver.—Mr. BOINET lately presented before the Academy of Medicine, at Paris, a young man cured of an hydatid cyst of the liver by puncture, after *Recamier's* method, followed by injections of iodine, and which had previously been treated in vain by frequent capillary punctures.

Doctor Francois Broussais, last son of the illustrious Professor, died on the 1st of December, from endocarditis, in his sixtieth year. He was an active member of his profession, and contributed numerous scientific articles to journal and dictionary literature.

The Cincinnati Lancet and Observer comes to us printed from new type and enlarged. This journal has very much improved of late.

MARRIAGES.

ROBINS—MARSH.—On Dec. 24th, 1860, by Rev. S. W. Kurtz, Wm. Wallace ROBINS, M. D., and Miss Kate E. MARSH, all of Halifax, Dauphin co., Pa.

RODAFER—THORNBURGH—In Newmarket, Tenn., Nov. 15th, by the Rev. Wm. Harrison, Dr. W. P. RODAFER, of Va, to Miss M. L., daughter of Gen. M. Thornburgh, of Newmarket.

Answers to Correspondents.

Drs. T. and F, Iowa.—You are *both* credited on our books to next April, so that your payments must have been double what you supposed.

Dr. P., Penn'a.—Vaccine matter sent by mail.

Mr. J. F., London, England.—Yours of Dec 7th is at hand. Mr. Morgan's letter was *not received* at our office. Your request will, of course, be attended to.

Mr. S., London, England.—We most cheerfully comply with the request contained in yours of the 15th inst.

COMMUNICATIONS RECEIVED.

England—Mr. S. E. Smith. *Delaware*—Dr. T. C. Rogers, (with encl.) *Indiana*—Dr. A. B. Butler, (with encl.,) Dr. M. F. Thomas, Dr. H. M. Crouse, (with encl.) *Kentucky*—Drs. Stoval & Thompson, (with encl.) Dr. J. E. Moore *Maine*—Dr. B. F. Pierce. *Massachusetts*—Dr. A. Chapin, (with encl.,) B. F. Stevens, Sec'y New England Life Ins. Co. *New Jersey*—Dr. J. Pitney, Drs. L. & W. B. Southard, (with encl.,) Dr. G. Tomlinson, Dr. A. E. Budd. *Ohio*—Dr. MacNicholl, (4,) Dr. S. D. Frost (with encl.,) Drs. Steele and Harbison, (with encl.,) Dr. E. Sterling, Dr. A. Schulch, (with encl.,) Dr. E. Baltz, (with encl.,) Drs. J. and E. W. Bosler, (with encl.,) Dr. J. W. Shriver, (with encl.,) James Rutty, (with encl.,) Dr. W Egry, (with encl.,) Dr. S. G. Armor, (with encl.) *New York*—Dr. C. K. Winnie, (with encl.,) Dr. E. N. Chapman. *Pennsylvania*—Dr. G. W. Hoover, Dr. G. W. James, Dr. I. N. Snively, Dr. T. Green, (with encl.,) Dr. J. Fischer, Dr. T. B. Shugert, (with encl.,) Dr. L. W. Bingham, Dr. R. H. Patterson, Dr. J. L. Stewart, Dr. Ira H. Canfield, Dr. J. Pursell, (with encl.,) Dr. D Holmes, (with encl.,) Dr. G. F. Horton, (with encl.,) Dr. H. D. Witman, Dr. J. H. Grove, (with encl.)

Office Payments.—Dr. E. C. Dougherty, Dr. H. C. Groff, (Pa.,) Dr. A. M. Miller, (Pa.,) Dr. H. B. Buck, (Pa.,) Dr. M. R. Gryder, (Pa.,) P. C. Shive. By Mr. Swain: Dr. Reese, (adv.,) Dr I. Remington, Dr. D. Merritt.

MORTALITY OF CITIES DURING THE WEEK ENDING DECEMBER 22, 1860.

Number, Sex, Nativity, and Age.	Philadelphia.	New York.	Baltimore.	New Orleans	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Whole number of deaths	257	377	86	.....	66	.....	.....	12	.....	.....	91
Males	146	240	41	.....	37	.....	.....	7	.....	.....	44
Females	111	177	41	.....	29	.....	.....	5	.....	.....	45
Sex not stated	.....	.....	4	.....	.....	.....	.....	.....	.....	.....	2
Whites	244	364	75	.....	.....	.....	.....	6	.....	.....	89
Black and colored	13	13	11	.....	.....	.....	.....	6	.....	.....	2
United States	194	244	.....	.....	40	.....	.....	10	.....	.....	.....
Foreign countries	47	132	.....	.....	26	.....	.....	2	.....	.....	.....
Nativity unknown	16	3	.....	.....	.....	.....	.....	.....	.....	.....	.....
Parentage.											
American	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Foreign	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Ages.											
Under 5 years	115	137	43	.....	17	.....	.....	5	.....	.....	50
5 to 10 years	16	26	2	.....	5	.....	.....	1	.....	.....	.....
10 to 20 "	12	11	3	.....		.....	.....	1	.....	.....	.....
20 to 50 "	79	109	21	.....	44	.....	.....	1	.....	.....	41
50 and over	35	62	16	.....		.....	.....	4	.....	.....	.....
Unknown	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Causes of Death. *Zymotic Diseases.*											
Croup	6	12	5	.....	1	.....	.....	.....	.....	.....	2
Cholera Infantum	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	2
Cholera	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cholera Morbus	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diarrhœa	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diphtheria	11	13	.....	.....	.....	.....	.....	1	.....	.....	4
Dysentery	.....	2	.....	.....	1	.....	.....	.....	.....	.....	1
Erysipelas	.....	1	1	.....	2	.....	.....	.....	.....	.....	.....
Fever, remittent	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Fever, intermittent	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	.....
" pernicious	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
" typhoid	3	3	4	.....	1	.....	.....	.....	.....	.....	4
" typhus	1	5	.....	.....	.....	.....	.....	.....	.....	.....	2
" scarlet	26	24	4	.....	4	.....	.....	.....	.....	.....	1
" yellow	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hooping Cough	.....	3	.....	.....	.....	.....	.....	.....	.....	.....	1
Measles	1	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Small-pox	4	10	.....	.....	.....	.....	.....	.....	.....	.....	.....
Sore Throat, putrid	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Respiratory Organs.											
Bronchitis	4	4	.....	.....	1	.....	.....	.....	.....	.....	1
Congestion of Lungs	.....	.....	1	.....	.....	.....	.....	.....	.....	.....	2
Consumption	44	53	14	.....	10	.....	.....	1	.....	.....	10
Pneumonia	18	38	4	.....	.....	.....	.....	.....	.....	.....	10
Hemorrhage from Lungs	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Pleurisy	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....

Causes of Death.	Philadelphia.	New York.	Baltimore.	New Orleans.	Boston.	Chicago.	Cincinnati.	Charleston.	Providence.	Buffalo.	St. Louis.
Nervous System.											
Apoplexy	3	10	.....	.....	.....	.....	.....	.....	.....	.....	1
Convulsions	14	24	1	.....	1	.....	.....	2	.....	.....	15
Congestion of Brain	9	10	.....	.....	.....	.....	.....	1	.....	.....	.....
Disease of Brain	5	1	.....	.....	.....	.....	.....	.....	.....	.....	1
Delirium Tremens	2	3	1	.....	.....	.....	.....	.....	.....	.....	.....
Epilepsy	.....	4	.....	.....	.....	.....	.....	.....	.....	.....	.....
Hydrocephalus	6	16	1	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Brain	4	14	2	.....	3	.....	.....	.....	.....	.....	.....
Paralysis	1	5	.....	.....	2	.....	.....	1	.....	.....	.....
Tetanus	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Circulatory System.											
Aneurism	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Heart	12	11	1	.....	3	.....	.....	.....	.....	.....	2
Phlebitis	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Digestive System.											
Disease of Liver	3	8	.....	.....	1	.....	.....	.....	.....	.....	.....
Gastritis	.....	3	.....	.....	1	.....	.....	.....	.....	.....	2
Hepatitis	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflammation of Throat	.....	8	.....	.....	.....	.....	.....	.....	.....	.....	.....
Intussusception	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Inflam. of Bowels	5	5	.....	.....	.....	.....	.....	.....	.....	.....	2
Marasmus	6	19	.....	.....	.....	.....	.....	.....	.....	.....	2
Peritonitis	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Urinary Organs.											
Albuminuria	.....	2	.....	.....	.....	.....	.....	.....	.....	.....	.....
Diabetes	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Disease of Kidneys, Bladder, and Urethra	2	1	.....	.....	.....	.....	.....	1	.....	.....	.....
Diseases of Uncertain Seat.											
Abscess	1	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Cancer	4	3	.....	.....	.....	.....	.....	1	.....	.....	.....
Dropsy	6	5	4	.....	.....	.....	.....	.....	.....	.....	2
Debility, etc	9	9	.....	.....	2	.....	.....	.....	.....	.....	5
Fever	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Scrofula	3	.....	.....	.....	.....	.....	.....	.....	.....	.....	1
Puerperal Diseases.											
Hemorrhage	1	.....		.....		.....	.....	.....	.....	.....	.....
Convulsions	.....	.....	2	.....	4	.....	.....	.....	.....	.....	.....
Fever	1	4		.....		.....	.....	.....	.....	.....	2
Diseased Womb	.....	1		.....		.....	.....	.....	.....	.....	.....
External Causes.											
Accidents	4	11	4	.....	1	.....	.....	.....	.....	.....	.....
Poisoning	1	.....	.....	.....	.....	.....	.....	.....	.....	.....	.....
Suicide	.....	1	.....	.....	.....	.....	.....	.....	.....	.....	.....
Still-born	20	15	4	.....	4	.....	.....	1	.....	.....	5
All other forms	15	21	1	.....	1	.....	.....	1	.....	.....	3